

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041308

1. Corporation Name

WORLDVIEW FUNDING CORPORATION

Principal Place of Business

28392 SOMBRERO DRIVE
BONITA SPRINGS FL 33923

Mailing Address

28392 SOMBRERO DRIVE
BONITA SPRINGS FL 33923

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90152 045 *****8.75

04-14-1999 90152 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

65-0671283

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing -
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

X No

2. Principal Place of Business

21 11680 Bonita Beach Rd

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Bonita Springs, FL

Zip

24 34135

Country

25 U.S.A.

2a. Mailing Address

26 11680 Bonita Beach Rd

Suite, Apt. #, etc.

27 Suite 102

City & State

28 Bonita Springs, FL

Zip

29 34135

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SLAVEN, WILLIAM A
28392 SOMBRERO DRIVE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

William A. Slaven

82 Street Address (P.O. Box Number is Not Acceptable)

83 3330 CROSSINGS COURT #506

84 City

Bonita Springs FL

85 Zip Code

34134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/15/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SLAVEN, WILLIAM A
STREET ADDRESS 28392 SOMBRERO DR
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE D ☐ DELETE

NAME SLAVEN, EDNA V
STREET ADDRESS 28392 SOMBRERO DR
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - DIRECTOR ☒ Change ☐ Addition

1.2 NAME SLAVEN, WILLIAM A.
1.3 STREET ADDRESS 3330 CROSSINGS COURT #506
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

2.1 TITLE DIRECTOR ☒ Change ☐ Addition

2.2 NAME SLAVEN, EDNA V.
2.3 STREET ADDRESS 3330 CROSSINGS COURT #506
2.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (1/198)