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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102803 (9)

ACTIVIEW, INC.

Mailing Address

FILED May 12 1997 8:00am Secretary of State



Suite, Apt. #, etc. 27 City & State 27 Country 27 Country 27 Country 37 Country 37 Country 37 Country 37 Country 48 City & State 37 Country 49 Country 49 City & State 37 Country 49 Country 40 City & State 37 Country 40 Country 57 Country	es n. Univers Pembroke Pin		82 N. UNIVERSITY DRIVE PEMBROKE PINES FL 330	24-6730		
2. Principal Place of Business 2. Margh Address						· · · · · · · · · · · · · · · · · · ·
Solite, Apr. #, etc. 2 Solite, Apr. #, etc. 2 Solite, Apr. #, etc. 2 Solite, Apr. #, etc. 3 Solite, Apr. #, etc. 4 Solite, Apr. #, etc. 4 Solite, Apr. #, etc. 5 Solite, Apr. #, et	2. Principal P	Place of Business	2a. Mailing Address			
Solite, Apr. #, etc. 2 Solite, Apr. #, etc. 2 Solite, Apr. #, etc. 2 Solite, Apr. #, etc. 3 Solite, Apr. #, etc. 4 Solite, Apr. #, etc. 4 Solite, Apr. #, etc. 5 Solite, Apr. #, et	21	_	26			65-011453/ Not Applical
COV & State Cov & State Cov & State Cov & State Cov & State Cov & State Cov & State Cov & State Cov & State Cov & State Cov & State Cov & State Cov & State Cov & Cov & Cov & Cov & State Cov & Cov & Cov & Cov & Cov & State Cov &		#, etc.	Suite, Apt. #, etc.			5 Cartificate of Status Desired
28	22					Fee Required
Zip Country Zip 30 Section to sea tability for irlangible gas under s. 199.032, 4 2 2 2 7 9 30 Section to sea tability for irlangible gas under s. 199.032, 4 7 10, Neme and Address of New Registered Agent 2 2 2 2 2 2 2 2 2		te	City & State			, , , , , , , , , , , , , , , , , , , ,
Power Part	23					Trust Fund Contribution Added to Fees
DIJAN, JEAN-MARC SET UNIVERSITY DRIVE 10 10 10 10 10 10 10 1			1		'y	
DUIAN, JEAN-MARC 82 N. UNIVERSITY DRIVE -PEMBROKE PINES FL 33024 82 Stroot Address (F.O. Box Number is Not Acceptable) 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 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, and amiliar with, and accept the obligations of, Section 607-0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OF FICERS AND DIRECTORS DELETE 11 THE OFFICERS AND DIRECTORS IN 12 12. OF FICERS AND DIRECTORS DELETE 11 THE OUTHORS AND DIRECTORS IN 12 12 Addition DELETE 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IT AMM DIAM DIAM ABRAMOFF, GILES STREET ADDRESS 27 NAM 28 N. UNIVERSITY DRIVE 13 SIRECT ADDRESS 28 N. UNIVERSITY DRIVE 13 SIRECT ADDRESS 28 N. UNIVERSITY DRIVE 13 SIRECT ADDRESS 29 NAM 29 SAMA 29 SAMA 30 SIRECT ADDRESS DIV'S 1-2P TITLE OR DELETE 11 THE OR DELETE 31 THE OR DELETE 41 THE OR DELETE 42 THE OR DELETE 43 THE OR DELETE 44 THE OR DELETE 44 THE OR DELETE 45 THE OR DELETE 45 THE OR DELETE 45 THE OR DE	24			30		
DUINT, VERYINTY DRIVE PEMBROKE PINES FL 33024 B2 Street Address (P.O. Box Number is Not Acceptable)			nt Hegistered Agent	8.	I Namo	10. Name and Address of New Registered Agent
PEMBROKE PINES FL 33024 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes. The above parent deeper allowing florids statutes. The above parent deeper allowing depends of special control of the Statutes. The above parent deeper allowing statutes for the purpose of changing its registered agent. I am familiar with, and accept the objection 67.0506, Florids Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 14. ONLY STATE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In It. 19. ADDITIONS/CHANGES TO				ľ	i ivanie	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the above-named corporation's submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Statutes, the above-named corporation's board of directors. I hereby accept the epipelintnent as registered agent, and accept the obligations of, Section 607.0506, Floridal Statutes. 12.				82	Street Add	dress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Scattons 607.0562 and 607.1566. Florida Statutes, the above channel of corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607.0565, Florida Statutes, and accept the obligations of, Socion 607.0565, Florida Statutes, and accept the obligations of, Socion 607.0565, Florida Statutes, and accept the obligations of, Socion 607.0565, Florida Statutes, and accept the obligations of, Socion 607.0565, Florida Statutes, and accept the obligations of socion 607.0565, Florida Statutes, and accept the obligations of socion 607.0565, Florida Statutes, and accept the obligations of socion 607.0565, Florida Statutes, and accept the obligations of socion 607.0565, Florida Statutes, and accept the obligation of s	PEM	BROKE PINES FL 33024				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutos, the above-marroid corporation submits this elatement for the purpose of changing its registered office or registered agent, and accept the obligations of Sections 607.0505, Floridal Statutos. SIGNATURE Signature Sig				8:	1	
11. Presuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the above instruct of composed of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE 12.				8	1 City	85 Zip Code
SIGNATURE					l	
SIGNATURE	11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statu Lof Florida, Such change was	ites, the abor :authori≯ed b	ve-named cor by the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. Thereby accept the appointment as registered
Signature, Syed or primod remote derigitation of the projection of the projection of the projection of the projection of the project of the	agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	torida Statute	98.	and a second of an object of the only about the appointment as registered
Signature, Syed or primod remote derigitation of the projection of the projection of the projection of the projection of the project of the	SIGNATURE					
TITLE					gent signature requ	
NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition ADDRESS A					···	
STREET ADDRESS 22 N. UNIVERSITY DRIVE		1 -	ריו הנינונ		.	Lij Unange Lij Adoit
DELETE D						
DELETE DELETE Change Addition						
ABRAMOFF, GILES 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP PEMBROKE PINES FL 33024 2 CITY-ST-ZIP Change Addition Add			Director		\$1 - 7/P	[O
STREET ADDRESS SQUARME STREET ADDRESS 2 STREET ADDRESS 2 STREET ADDRESS 2 STREET ADDRESS 2 STREET ADDRESS 3 S		, •	□ DELETE	1	-	L_I Unange L_I Addit
City-st-zip PEMBROKE PINES FL 33024 2.4 City-st-zip		ADRIAMUTT, GILES				
DELETE DELETE 3.1	STREET ADDRESS			2 3 STREI	ET ADDRESS	
NAME	CITY-ST-ZIP	PEMBHUKE PINES FL 33024			-ST-ZIP	
STREET ADDRESS 3.3 STREET ADDRESS 3.4 City - S1 - ZiP	TITLE		LJ DELETE	3.1 TITLE		L_f Change
SALCITY-SI-ZIP	NAME			3.2 NAME		
TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME 4 2 NAME CTY-ST-ZIP 4 CITY-ST-ZIP TITLE Change Addition NAME 5.1 NAME 5.2 NAME CTY-ST-ZIP Change Addition STREET ADDRESS 5.3 STREET ADDRESS CTY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition STREET ADDRESS G3 STREET ADDRESS CTY-ST-ZIP CTY-ST-ZIP	STREET ADDRESS			3.3 STREE	T ADDRESS	
NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 THE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 THE Change Addition NAME 6.2 NAME STREET ADDRESS G3 STREET ADDRESS	CITY-ST-ZIP			3.4, C(TY	- S1 - ZIP	
A STREET ADDRESS A STREET ADDRESS A 4 CITY-ST-ZIP Addition Change Addition	TITLE		☐ DELETE	4 1 TITLE		Change Addit
A CITY-ST-ZIP	NAME			4 2 NAM	E	
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP CTTY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CTY-ADDRESS G.3 STREET ADDRESS	STREET ADDRESS			4.3 STREE	ET ADDRESS	
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP	
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS	TITLE		DELETE	5.1 THILE		Change Addit
CITY-ST-ZIP 5.4 CITY-S1-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	NAME			5.2 NAME		
TITLE	STREET ADDRESS			5.3 STRE	ET ADDRESS	
TITLE		1			- 1	
STREET ADDRESS 6.3 STREET ADDRESS	TITLE		DELETE			Change Addit
STREET ADDRESS 6.3 STREET ADDRESS	NAME			G.2 NAME		
		1				

14. I do 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 is true and accurate and that my signature shall have the same logal 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 priaryled, or on an attachment with an address

954-430-3930