

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000045711 (3)

1. Corporation Name
PANORAMIC VIEW RS, INC.



Principal Place of Business
8273 BENT PINE DRIVE
APT. 1211B
ORLANDO FL 32822

Mailing Address
8273 BENT PINE DRIVE
APT. 1211B
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/21/1997

4. FEI Number
59-3447787

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 4304 SOUTH KIRKMAN RD
Suite, Apt. #, etc.
22 AP 114
City & State
23 ORLANDO FL
Zip
24 32811
Country
25 ORANGE

2a. Mailing Address
26 4304 S. KIRKMAN RD
Suite, Apt. #, etc.
27 AP 114
City & State
28 ORLANDO FL
Zip
29 32811
Country
30 ORANGE

9. Name and Address of Current Registered Agent
LAZZO, VIOLETA M
8273 BENT PINE DRIVE
APT. 1211B
ORLANDO FL 32822

10. Name and Address of New Registered Agent
81 Name LAZZO, VIOLETA M.
82 Street Address (P.O. Box Number is Not Acceptable)
4304 S. KIRKMAN RD
83 AP 114
84 City ORLANDO FL
85 Zip Code 32811

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 *Violeta Lazzo* DATE 1/7/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PTD	LAZZO, VIOLETA M	8273 BENT PINE DR., APT 1211B	ORLANDO FL 32822	
VPD	GIROLA, CARLOS M	8273 BENT PINE DR., APT 1211B	ORLANDO FL 32822	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4304 S. KIRKMAN Rd. #114	ORLANDO FL 32811	ADDRESS
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4304 S. KIRKMAN Rd #114	ORLANDO FL 32811	ADDRESSES
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Violeta Lazzo* DATE 1/7/97 407-294-8808

CR2E034 (10/97)