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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT # P9700069899 (7) **SOUNDVIEW PROPERTIES, INC.**

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business 308 \$ JEFFERSON ST PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
PENSACOLA FL 32501 PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE	
	or
08/07/1997	Or .
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Fo	٠,
21 26 65-0789470 Not Applic	
Sulte, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required	al
City & State City & State 6. Election Campaign Financing \$5.00 May Be	8
28 Trust Fund Contribution Added to Fees Zip Country Zip Country This correction gives at head add the current way (the air label)	
— Composition owes of has paid the current year intenspible	
24 25 29 30 Personal Property Tax due June 30. Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
MATTHEWS, EDSEL F 81 Name	
308 S. IEEEERSON ST	
PENSACOLA FL 32501 82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City 85 Zin Code	
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 register 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 register agent. I am (amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ered red
SIGNATURE	
Storature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
MATTUENCE EDECLE	idition
900 C IEEEDON CT	
PENSACOLA EL 32501	į
1.4 CITY-ST-ZIP	dition
NAME 22 NAME	UIII)
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2. 4 CITY-ST-ZIP	İ
TITLE DELETE 3.1 TITLE Change Add	dition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change Add	dilion
NAME 4. 2 NAME	[
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP	dition
NAME 5.2 NAME	PUVII
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
	dition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	Ì
CITY-ST-ZIP 64 CITY-ST-ZIP	

I hereby certify that the information supplied with this filling 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 of 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 chapter 607, print attachment with an address.