PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

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ATTRAC	TIONVIEW CORPORATION									
Principal Place	e of Business	Mailing Address				. (Baritan isa 1518) 12111 2211 4	(6 (4 06 fri on thin		IW #1110 WITH WITH	
1291 SW 29 AVE 1291 SW 29 AVE										
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069					1	DO NOT WRITE IN THIS SPACE				
1					1	Date Incorporated or Qualifed		<u></u>		1
ì						03/31/1998]
a Principal P	Place of Business	2a. Mailing Address				FEI Number		1 4	Applied For	
2. Principal Place of Business		26			5:	2-2104733 _			Not Applicable	Ì
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional	}
22					-	Certificate of Status Desired		Fee.F	Required	-
City & State		City & State			6.	Election Campaign Financing	ם '		0 мау Ве	
23		28	28			Trust Fund Contribution			to Fees	~
Zip	Country	Zip	Cour	ntry	1	This corporation owes the cur			77v-	
24	25	[29]	30			Personal Property Tax.		Yes	□No	}
<u></u>	9. Name and Address of Current	t Registered Agent		81 Name		Name and Address of New	Kedistelen v	Agus		i
SOU	JTH FLORIDA REGISTERED AGEN	ITS. INC.	ì	OI Name)
	E. LAS OLAS BLVO., #1900	,	ſ	82 Street	Address (P	O. Box Number is Not Accep	table)			ĺ
	LAUDERDALE FL 33301		1	83						l
1				}						1
1			{	84 City			FL	85 Zip	Code	١
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authoric agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S.								hanoino i	ts registered	1
11. Pursuant office or r	registered agent, or both, in the State of	of Florida. Such change was	authorized	by the corp	oration's bo	oard of directors. I hereby according	ept the appoin	tment as	benatzigen	1
	am familiar with, and accept the obligat	ions of, Section 607, Joub. 1:		πes.						
agem. ra										ĺ
SIGNATURE					required when re	einstating)	DATE			a
1		t and title if applicable (NO DDIRECTORS			required when re	_	DATE	DIRECT	ORS IN 12	1/08)
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NO	TE: Registered .	Agent signature	required when re	einstating)	DATE		ORS IN 12	(11/98)
SIGNATURE	Signature, typed or printed name of registered again OFFICERS ANI	t and title if applicable (NO DIRECTORS	TE: Registered	Agent signature	required when re	einstating)	DATE	DIRECT	ORS IN 12	Ι.
SIGNATURE 12.	OFFICERS AND D SELMAN, RANDY S 1291 SW 29TH AV	I and title if applicable (NO D DIRECTORS	13. 1.1 TIV 1.2 NA	Agent signature	required when re	einstating)	DATE	DIRECT	ORS IN 12	F0.74
SIGNATURE 12. TITLE NAME	OFFICERS AND D SELMAN, RANDY	I and title if applicable (NO D DIRECTORS GREETE OBLETE VE FI. 33069	13. 1.1 TW 1.2 NA 1.3 STI 1.4 CT	Agent signature LE ME REET ADORESS TY-ST-ZIP	required when re	einstating)	DATE	DIRECT	ORS IN 12	Ι.
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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 suppliemental 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 an attachment with an adoptes, with all other like empowered.

SIGNATURE:

954 . 917 6655