

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90145 038 ***150.00

DOCUMENT # P98000062832

1. Corporation Name

IN-VIEW MARKETING OF CENTRAL FLORIDA, INC.

Principal Place of Business

P.O. BOX 318467
ORLANDO FL 32861
P.O. Box 690573
Orlando, FL 32869

Mailing Address

P.O. BOX 1599
C/O EDWARD M. LIVINGSTON. ESQ.
WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number
59-3540481

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 P.O. Box 690573

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Orlando, FL

29 Zip

24 Zip 32869

25 Country US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DR.
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip 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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME CANOVA, FRANK C
STREET ADDRESS P.O. BOX 618467 -NA-
CITY-ST-ZIP ORLANDO FL 32861

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DEMING, RYAN A
STREET ADDRESS 8520 LAKE BOSSE DR. -NA-
CITY-ST-ZIP ORLANDO FL 32810

2.1 TITLE D/V/S/T ☒ Change ☐ Addition
2.2 NAME Deming, Ryan A.
2.3 STREET ADDRESS 8520 Lake Bosse Dr.
2.4 CITY-ST-ZIP Orlando, FL 32810

TITLE D ☐ DELETE
NAME LIVINGSTON, GREGORY E
STREET ADDRESS 3312 HORSEHOE DR.
CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D/P
3.3 STREET ADDRESS Livingston, Gregory E.
3.4 CITY-ST-ZIP 3312 Horseshoe Dr.
Longwood, FL 32779

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 REQUIRED
RYAN A. DEMING, Vice President

Date

Daytime Phone #

CR2E034 (1/98)