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Secretary of State

07-13-1999 90007 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000091152**

1. Corporation Name

POINT OF VIEW DOLPHIN, INC.

Principal Place of Business Mailing Address
~~100 S.E. SECOND STREET SUITE 2150~~ ~~100 S.E. SECOND STREET SUITE 2150~~
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~

10400 Golden Eagle Ct
 plantation, FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	10/26/1998
4. FEI Number	☒ 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	2a. Mailing Address
1 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.
2 City & State	2c City & State
3 Zip Country	3d Zip Country
4	5

9. Name and Address of Current Registered Agent

ENGELS, MARTIN
 100 S.E. SECOND STREET SUITE 2150
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGELS, MARTIN	1.2 NAME	
STREET ADDRESS	100 S.E. SECOND STREET SUITE 2150	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33131	1.4 CITY-STATE-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Sacky Amor	2.2 NAME	
STREET ADDRESS	10400 Golden Eagle Ct	2.3 STREET ADDRESS	
CITY-STATE-ZIP	plantation, FL 33324	2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

1. 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 which addresses that all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

Date

954-815 0077

Daytime Phone #

CR2034 (1/98)