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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCOL	MENT # S53893	1							
1. Corporation	C VUE TOWERS, INC.								
MEMM	o roc rovizio, inc								
Principal Place	of Rusiness	Mailing Add	dress			<u> </u>	0166 HIN 610H U	IDII BADII DIDII I	HEND BIRD HER
•		135 OCEAN							
135 OCEAN DR MIAMI BEACH I			H FL 33139						
						DO NOT WR		SPACE	 _
						3. Date Incorporated or Qualifed 05/20/1991			
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number		Ar	plied For
21		26				65-0272741			t Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired		\$8.75	
22	·	27						Fee Re	
City & State	ė ·	City & 8	State			6. Election Campaign Financing			May Be
23		28 7in		Courter		Trust Fund Contribution		Added	to Fees
Zip ∽	Country	Zip	30	Country		This corporation owes the cur Personal Property Tax.	rent year int	angible Yes	□No
24	9. Name and Address of Current	29		<u> </u>		10. Name and Address of New	Registered		
	5. Name and Address of Corren	t itegistered Ag	Joint	81	Name				
WOL	FE, RICHARD CHARLES					- Not Assessed	-61-1		
2080	3 BISCAYNE BLVD., STE. 200			82	Street Add	ress (P.O. Box Number is Not Accept	able)	•	
ADV	entura corp. Center			83				•	
ADV	ENTURA FL 33180							os Zin	Code
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508,	Florida Statutes, t	the above	-named corp	poration submits this statement for the	purpose of	changing its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such	change was autho	orizea ov i	he corporati	on's board of directors. I hereby acce	pt the appoi	ntment as re	gistered
_	III lattiliai with and accept the usingst	aona or, occuon	00,,0000, 1,011012	-					
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Reci						
12.	OFFICERS AN		, (istered Agent	signature require	ed when reinstating)	DATE		
		D DIRECTORS		13.	signature require	ed when reinstating) ADDITIONS/CHANGES TO OR			
TITLE	DPT		☐ DELETE	13. 1,1 TITLE	signature require			D DIRECTO	DRS IN 12
TITLE NAME	BLISS, E C			13.	signature require				
	BLISS, E C 400 S POINTE DR #2202			13. 1,1 TITLE					
NAME	BLISS, E C 400 S POINTE DR #2202 MIAMI BEACH FL		☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS			☐ Change	☐ Addition
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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 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS