

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87284 (3)

1. Corporation Name
NUVIEW ENTERPRISES, INC.



Principal Place of Business

Mailing Address

400 NW 28TH ST
WILTON MANORS FL 33311
US

400 NW 28TH ST
WILTON MANORS FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1991

2. Principal Place of Business

2a. Mailing Address

21 3125 Oakland Shores Drive
Suite, Apt. #, etc.

26 3125 Oakland Shores Drive
Suite, Apt. #, etc.

4. FEI Number

65-0309638

Applied For

Not Applicable

22 B-106
City & State

27 B-106
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Oakland Park Fla.
Zip

28 Oakland Park
Zip

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33309
Country

25 Broward
Country

29 33309
Country

30 Broward
Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARX, RUTH
C/O QADUS
811 SOUTH WEST SEVENTH STREET
FT. LAUDERDALE FL 33315

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 PD
NAME MAUCK, DAN J.
STREET ADDRESS 400 NW 28 ST.
CITY-ST-ZIP WILTON MANORS FL

TITLE ST
NAME MAUCK, DAN J.
STREET ADDRESS 400 NW 28TH ST
CITY-ST-ZIP WILTON MANORS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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.

SIGNATURE Dan Mauck

4-27-98 763-4086

CR2E034 (10/97)