

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V18331 (1)
1. Corporation Name:
FSVIEW INC.

Principal Place of Business
623 INDUSTRIAL DR
TALLAHASSEE FL 32310

Mailing Address
P. O. BOX 20334
TALLAHASSEE FL 32316-0334
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1992		3a. Date of Last Report 06/13/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3112497		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PIEMONTE, JOHN 112 WESTRIDE, DRIVE TALLAHASSEE FL 32304				10. Name and Address of New Registered Agent			
81	Name JOHN PIEMONTE			85	Zip Code 32310		
82	Street Address (P.O. Box Number is Not Acceptable) 623 INDUSTRIAL DR.						
83	City TALLAHASSEE						
84	City TALLAHASSEE						

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: JOHN PIEMONTE, PRES x John Piemonte DATE: 4/25/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P, T	<input type="checkbox"/> DELETE		1.1 TITLE	P, TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIEMONTE, JOHN			1.2 NAME	OK.		
STREET ADDRESS	2174 TIMBERWOOD CIR S.			1.3 STREET ADDRESS	623 INDUSTRIAL DR		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP	TALLAHASSEE, FL		
TITLE	VP & SEC.	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHN PIEMONTE, SR.			2.2 NAME			
STREET ADDRESS	623 INDUSTRIAL DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32310			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 included 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: John Piemonte JOHN PIEMONTE, PRES 4/25/97 904-561-6653

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0060078

CR2E034 (9/96)