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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

EAGLEVIEW TECHNOLOGIES, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						{	401 WIDDA WI W H	TIEIL BIBIT AID	AIL BLUIH 1884	
1801 S FEDE	BALHMY									
DELRAY BCH	STE 6-271 CH FL 33483 BOCA RATON FL 33496					DO NOT WRITE	E INI THIR S	:DACE		
MS	US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
•	·					07/06/1992				
	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21 701	NE MIZNUBIUS	26				65-0342341		N	lot Applicable	
Suite, Apt.	ارم مصحصہ مط	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional	
22 こしょ City & State						6 First 0			Required	
23 B D L	sca Raton FL 28					6. Election Campaign Financing Trust Fund Contribution	П		May Be I to Fees	
Zip 2 2	Country	Zip	Country	y		8. This corporation owes or has pa	aid the curr			
24 5 2	$\frac{5954}{25}$	29	30			Personal Property Tax due June			∏ Ño	
	9. Name and Address of Current F	legistered Agent	81	T		10. Name and Address of New Re	gistered A	gent		
	OLINI, MICHAEL J.		81	"	ame					
5030 CHAMPION BLVD STE 6-271					82 Street Address (P.O. Box Number is Not Acceptable)					
				╁	·					
	0.77.11.10.11.12.00.100									
			84	C	ity		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607,0502 a	nd 607.1508, Florida Statutes	s, the above	e-na	med corpo	ration submits this statement for the p		<u>i l</u> changing i	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 ponted name of registered agent a			onts (gnature required	when reinstating)	DATE			
TITLE	OFFICERS AND E	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND			
NAME	PAOLINI, MICHAEL J.		1.1 TITLE				ı	Change	L. Addition	
STREET ADDRESS	5030 CHAMPION BLVD STE 6-2	71	1.2 NAME 1.3 STREET	(ADD	DECC.					
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - S							
TITLE	V	DELET E	2.1 TITLE	71 - 211				Change	Addition	
NAME	CARROCCIA, ALFRED		2.2 NAME		•	,		-	_	
STREET ADDRESS	900 GREENSWARD LANE, G206	į	2.3 STREET	ADDI	RESS	.``	<i>,</i> ' .		,	
CITY-ST-ZIP	DELRAY BEACH FL		2. 4 CITY - S	ST-Z	Р					
TITLE	PAOLINI. KIMBERLY	☐ DELETE	31 TITLE					Change	Addition	
NAME	\$030 CHAMPION BLVD STE 6-2	71	3.2 NAME							
STREET ADDRESS	BOCA RATON FL) !	3.3 STREET							
CITY-ST-ZIP TITLE	BOOK WHICH TE	DELETE	3.4. CITY - 5 4.1 TITLE	ST-ZII	Р			Change	Addition	
NAME		C DECENT	4.1 THE				L		LT MODITION	
STREET ADDRESS			4.3 STREET	ADDE	RESS					
CITY-ST-ZIP			4.4 CITY-S							
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME						}	
STREET ADDRESS			5.3 STREET	ADDF	RESS				İ	
CITY-ST-ZIP	·		54 CHY-S	T - ZIP		·····				
TITLE		L_J DELETE	61 TITLE				l	Change	Addition	
NAME CTOCCT ADDOCCC			62 NAME		3544	•				
STREET ADDRESS			6.3 STHEET							
14. I hereby c	erlify that the information supplied with t	his filing does not qualify for	6.4 City-Si	tion	stated in Sc	ection 119.07(3)(i), Florida Statutes 1	further cert	ify that the	information	
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 path; 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.										