

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

FILED

Aug 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V68507** (5)  
1. Corporation Name  
**CAUSEVIEW, INC.**

Principal Place of Business <b>1301 W. COPANS RD., BAY G-4 POMPANO BEACH FL 33064 US</b>	Mailing Address <b>1301 W. COPANS RD., BAY G-4 POMPANO BEACH FL 33064 US</b>
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2. Principal Place of Business 21 <b>8122 GLADES RD</b> Suite, Apt. #, etc. 22 <b># 322</b> City & State 23 <b>BOCA RATON, FL</b> Zip 24 <b>FL 33434</b>		2a. Mailing Address 26 <b>8122 GLADES RD</b> Suite, Apt. #, etc. 27 <b># 322</b> City & State 28 <b>BOCA RATON, FL</b> Zip 29 <b>33434</b>		3. Date Incorporated or Qualified <b>09/29/1992</b>		3a. Date of Last Report <b>10/11/1996</b>	
				4. FEI Number <b>65-0361274</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SPATZ, MARK % LAW OFFICE OF SIMONS &amp; SPATZ 1222 SE 3RD AVENUE FT. LAUDERDALE FL 33316</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELKAIM, BELINDA FONG			1.2 NAME	ELKAIM BELINDA		
STREET ADDRESS	1301 W. COPANS RD., BAY G-4			1.3 STREET ADDRESS	8122 GLADES RD #322		
CITY-ST-ZIP	POMPANO BEACH FL 33064			1.4 CITY-ST-ZIP	BOCA RATON, FL 33434		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELKAIM, DANIEL			2.2 NAME	ELKAIM DANIEL		
STREET ADDRESS	1301 W. COPANS RD., BAY G-4			2.3 STREET ADDRESS	8122 GLADES RD #322		
CITY-ST-ZIP	POMPANO BEACH FL 33064			2.4 CITY-ST-ZIP	BOCA RATON, FL 33434		
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 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:

*Belinda Elkaim*

8/14/97

941-759-9183

CR2E034 (9/96)