

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 221705

(7)

1. Corporation Name

WESTVIEW LAND CORPORATION



Principal Place of Business

% MR. SIDNEY LEFCOURT  
2601 N.W. 119TH STREET  
MIAMI FL 33167  
US

Mailing Address

% MR. SIDNEY LEFCOURT  
2601 N.W. 119TH STREET  
MIAMI FL 33167  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ARKIN, L. JULES, ESQ.  
THERREL BAISDEN & MEYER WEISS  
1111 LINCOLN RD, #500  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

03/23/1959

3a. Date of Last Report

02/16/1995

4. FEI Number

59-6069031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

|                    |                   |                                 |
|--------------------|-------------------|---------------------------------|
| 1. TITLE           | PD                | <input type="checkbox"/> DELETE |
| 2. NAME            | LEFCOURT, SIDNEY  |                                 |
| 3. STREET ADDRESS  | 2601 NW 119TH ST. |                                 |
| 4. CITY, ST. ZIP   | MIAMI FL          |                                 |
| 5. TITLE           | VDT               | <input type="checkbox"/> DELETE |
| 6. NAME            | SIMON, GEORGE M.  |                                 |
| 7. STREET ADDRESS  | 2601 NW 119TH ST. |                                 |
| 8. CITY, ST. ZIP   | MIAMI FL          |                                 |
| 9. TITLE           | SD                | <input type="checkbox"/> DELETE |
| 10. NAME           | MILLER, IRVING E. |                                 |
| 11. STREET ADDRESS | 2601 NW 119TH ST. |                                 |
| 12. CITY, ST. ZIP  | MIAMI FL          |                                 |
| 13. TITLE          |                   | <input type="checkbox"/> DELETE |
| 14. NAME           |                   |                                 |
| 15. STREET ADDRESS |                   |                                 |
| 16. CITY, ST. ZIP  |                   |                                 |
| 17. TITLE          |                   | <input type="checkbox"/> DELETE |
| 18. NAME           |                   |                                 |
| 19. STREET ADDRESS |                   |                                 |
| 20. CITY, ST. ZIP  |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST. ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE           |                                                                   |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST. ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE           |                                                                   |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST. ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE          |                                                                   |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST. ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE          |                                                                   |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST. ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or is signed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 305-674-0100

CR2E034 (12/95)