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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727223** (0)
1. Corporation Name
VANTAGE VIEW, INC.



Principal Place of Business 2841 NORTH OCEAN BLVD FT. LAUDERDALE FL 33308	Mailing Address 2841 NORTH OCEAN BLVD FT. LAUDERDALE FL 33308-7580
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3. Date Incorporated or Qualified 08/21/1973	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1723358	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDFARB, IRV
2841 NORTH OCEAN BOULEVARD
APARTMENT 1210
FT. LAUDERDALE FL 33308**

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 617.0502 and 617.1508, 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 617.0503, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDFARB, IRV	1.2 NAME	MARY MARGARET CORSER
STREET ADDRESS	2841 N OCEAN BLVD	1.3 STREET ADDRESS	2841 N. OCEAN BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE, PATRICIA	2.2 NAME	DOROTHY M. ECKHOUSE
STREET ADDRESS	2841 N OCEAN BLVD	2.3 STREET ADDRESS	2841 N. OCEAN BLVD.Ft. Laud.FL
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILTON, JOAN	3.2 NAME	JAMES BROECKHUIZEN
STREET ADDRESS	2841 N OCEAN BLVD	3.3 STREET ADDRESS	2841 N. OCEAN BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANGERMANO, ROBERT	4.2 NAME	STEVEN ROSSEN
STREET ADDRESS	2841 N OCEAN BLVD.	4.3 STREET ADDRESS	2841 N. OCEAN BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DANIEL J. McDONALD	5.2 NAME	
STREET ADDRESS	2841 N. OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Irvin J. Goldfarb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034246

CR2E037 (9/96)