FILE NOW: FILING FEE IS \$61.25

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	ONPROFIT RPORATIO		FI	ORIDA DEPAI					Mar 06 1998 8:00a	m
	JAL REPO			Sandra I Secreta	. Morti ry of Sta		•		J	
	1998	The state of the s		DIVISION OF	•		ONS		Secretary of State	
•	MENT	# 727223	3	(0)		•				
VANTA	GE VIEW.	INC.								
•••••										
Principal Place of Business Malling Address										
2841 NORTH OCEAN BLVD FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308						3. Date Incorporated or Qualified			The second secon	
									08/21/1973 4. FEI Number Applied For	_
A n ::	Name of the last		10- 17-10						59-1723358 Not Applica	—~
2. Principal P	Place of Busine	28. Mailing	2a. Mailing Address					5. Certificate of Status Desired		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be		
City & State	-	27 City 8	City & State					Trust Fund Contribution Added to Fees		
23			28	State					7. Is this nonprofit corporation a homeowners association? Yes No	
Zip		Country	Zip			intry	,		8. This corporation owes or has paid the current year intangible	
24		t5 and Address of Current	29 Registered A	gent	30	1			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	\dashv
						81	Name	**		
GOLDFARB, IRV						82	Street A	Addres	ess (P.O. Box Number is Not Acceptable)	\dashv
2841 NORTH OCEAN BOULEVARD APARTMENT 1210						83				
	DERDALE FI	33308								_
						84	City		FL 85 Zip Code	
11. Pursuant office or r	to the provision	ons of Sections 617.0502 ont, or both, in the State of	and 617,1508 of Florida, Suci	, Florida Statut n change was a	es, the a	bove d by	named of the corp	corpor	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	ed
		n, and accept the obligat	tions of, Section	n 617. 0503 , Fk	orida Sta	tutes	š.		2/27/98	
SIGNATURE .	Stanture, typed o	r printed name of registered age	vand title if applicat	(NOT	E: Registere	d Age	nt signature r	required	d when reinstating) DATE	_]_
12.		OFFICERS AND	DIRECTORS	L OF LETT	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion 2
TITLE	D	DD 101/		DELETE	1.1 TI				Change L Addit	
NAME STREET ADDRESS	GOLDFAF	DCEAN BLVD			1.2 N		ADDRESS			PPE/037
CITY-ST-ZIP		ERDALE FL				ITY-S				2
TITLE	D			DELETE	2.1 1			_	Change Addit	
NAME	CORSER,	MARY M			2.2 N	AME				
STREET ADDRESS		DCEAN BLVD.			2.3 \$	reet	ADORESS			
CITY-ST-ZIP		ERDALE FL		Dructe	_		T-ZIP			
TITLE	D Hilton, 1	IOAN		DELETE	3.1 TI				☐ Change ☐ Addit	1001
NAME STREET ADDRESS		ICEAN BLVD			3.2 N		ADDRESS		•	
CITY-ST-ZIP		ERDALE FL					T-ZIP			ł
TITLE	D			DELETE	4.1 Ti				☐ Change ☐ Addit	ion
NAME	ECKHOU	SE, DOROTHY M			4. 2 N	AME				
STREET ADDRESS		CEAN BLVD.			4.3 S	FREET.	ADDRESS			
CITY-ST-ZIP		ERDALE FL		I or ese	_	TY-SI	T-ZIP			
TITLE	DANIEL I	MODOMALD		DELETE	5.1 11		1		☐ Change ☐ Addit	ION I
NAME CTOCCT ADDDCCC		. MCDONALD OCEAN BLVD			5.2 N/		ADDRESS			1
STREET ADDRESS CITY-ST-ZIP		ERDALE FL			5.3 S1		ADDRESS L. 7IP			
TITLE	D		······································	DELETE	6.1 TI		. 211		☐ Change ☐ Addit	ion
NAME		IUIZEN, JAMES			6.2 N/	AME				
STREET ADDRESS	2841 N. C	CEAN BLVD.			6.3 \$1	REET .	ADDRESS			

FT. LAUDERDALE FL 6.4 CITY-ST-ZIP 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 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.

FILED