

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000004717 (4)

1. Corporation Name

NETANYA V, INC.



Principal Place of Business

Mailing Address

222 LAKEVIEW AVE.  
WEST PALM BEACH FL 33401

101 PARK AVENUE  
% N.J. OSTRAGER  
NEW YORK FL 10178

2. Principal Place of Business

2a. Mailing Address

21 777 South Flagler Drive

26 777 South Flagler Dr./B. Bleeckfeld

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 West Tower Suite 800

27 West Tower Suite 800

City & State

City & State

23 West Palm Beach FL

28 West Palm Beach FL

Zip

Zip

24 33401

Country

25 USA

29 33401

Country

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/13/1994

3a. Date of Last Report

05/26/1995

4. FEI Number

51-0356423

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer or director

(If the Registered Agent signature is required, when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME STEINBERG, EDWARD L DR.  
STREET ADDRESS 222 LAKEVIEW AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

TITLE V  
NAME TSANG, CARL  
STREET ADDRESS % 222 LAKEVIEW AVE.  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

TITLE S  
NAME BLEEFELD, BRAD  
STREET ADDRESS % 222 LAKEVIEW AVE.  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

TITLE T  
NAME TSANG, CARL  
STREET ADDRESS % 222 LAKEVIEW AVE.  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(407) 840-1320

Date

City/State/Phone #

CR2E034 (12/95)