

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90002 005 ***558.75

DOCUMENT # J29689

1. Corporation Name

WESTVIEW MANOR, INC.

Principal Place of Business

500 BAYVIEW DRIVE
SUITE 1730
NORTH MIAMI BEACH, FL

Mailing Address

C/O 2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI, FLORIDA 33133



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1986

4. FEI Number

59-2709643

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 500 BAYVIEW DRIVE

22 Suite, Apt. #, etc.
SUITE 1730

23 City & State
NORTH MIAMI BEACH, FL

24 Zip Country
33160 USA

2a. Mailing Address

26 C/O 2601 S. BAYSHORE DRIVE

27 Suite, Apt. #, etc.
SUITE 600

28 City & State
MIAMI, FLORIDA

29 Zip Country
33133 USA

9. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI, FLORIDA 33133

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 607.0505, 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

TITLE P ☒ DELETE
NAME ROBERT KRINZMAN
STREET ADDRESS 500 BAYVIEW DRIVE, SUITE 1730
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE D ☒ DELETE
NAME RICHARD N. KRINZMAN
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 600
CITY-ST-ZIP MIAMI, FLORIDA 33133

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME SARIT KRINZMAN
1.3 STREET ADDRESS 500 BAYVIEW DRIVE, SUITE 1730
1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

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 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, with all other like empowered.

SARIT KRINZMAN

SIGNATURE: SARIT KRINZMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.29.1999

Date

305-945-0139

Daytime Phone #

CR2E034 (1/98)