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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K43714** (0)

1. Corporation Name

V.F. LONGBOAT KEY IV, INC.

Principal Place of Business

**2900 NORTH MILITARY TRAIL
SUITE 201 SOUTH
BOCA RATON FL 33431**

Mailing Address

**2900 NORTH MILITARY TRAIL
SUITE 201 SOUTH
BOCA RATON FL 33431**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, 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

**DECKELBAUM, GORDON
2900 NORTH MILITARY TRAIL
SUITE 201 SOUTH
BOCA RATON FL 33431**

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 Director(s) only

(DELETE) Registered Agent signature required when changing

DATE:

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PDS

☐ DELETE

NAME

POMERANTZ, SAUL

STREET ADDRESS

8600 DECARIE BLVD, SUITE 200

CITY-ST-ZIP

TOWN OF MOUNT ROYAL QC

TITLE

DT

☐ DELETE

NAME

GATTINGER, FRANKLIN J.

STREET ADDRESS

8600 DECARIE BLVD, SUITE 200

CITY-ST-ZIP

TOWN OF MOUNT ROYAL QC

TITLE

AS

☐ DELETE

NAME

RICHTER, MORRIS

STREET ADDRESS

2900 N MILITARY TR #201S

CITY-ST-ZIP

BOCA RATON FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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3242

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 if changed, or on an attachment with an address.

SIGNATURE: **Franklin J. Gattinger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1996 (514) 341-8600

Date

Daytime Phone #

CR2E034 (12/95)

