

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M41984** (9)

1. Corporation Name

**PINEVIEW APARTMENTS, INC.**

Principal Place of Business

**2351-61 PINETREE DR.  
MIAMI BEACH FL 33140  
US**

Mailing Address

**2351-61 PINETREE DR.  
%WILLIAM J. SEGAL  
MIAMI BEACH FL 33140  
US**



2. Principal Place of Business

21 State: **FL**

22 City & State

23 Zip: **33140** Country: **US**

24

2a. Mailing Address

26 **HAROLD S SEGAL**

27 State: **FL**

27 **4550 MERIDIAN AVE**

28 City & State

28 **MIAMI BEACH, FL**

29 Zip

29 **33140**

30 Country

30 **DADE**

3. Date Incorporated or Qualified  
**11/20/1986**

3a. Date of Last Report  
**01/18/1995**

4. FE# Number  
**59-2761423**

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

9. Name and Address of Current Registered Agent

**SEGAL, HAROLD J  
4550 MERIDIAN AVE.  
MIAMI BEACH FL 33140**

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 607.07(2) and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office only, 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 Sections 607.1503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                      |          |                          |                                 |
|----------------------|----------|--------------------------|---------------------------------|
| 12.1 NAME            | <b>P</b> | <b>SEGAL, HAROLD J.</b>  | <input type="checkbox"/> DELETE |
| 12.2 STREET ADDRESS  |          | <b>4550 MERIDIAN AVE</b> |                                 |
| 12.3 CITY, ST, ZIP   |          | <b>MIAMI BEACH FL</b>    |                                 |
| 12.4 TITLE           | <b>T</b> | <b>SEGAL, HARRIET</b>    | <input type="checkbox"/> DELETE |
| 12.5 NAME            |          | <b>4550 MERIDIAN AVE</b> |                                 |
| 12.6 STREET ADDRESS  |          | <b>MIAMI BEACH FL</b>    |                                 |
| 12.7 CITY, ST, ZIP   |          |                          |                                 |
| 12.8 TITLE           |          |                          | <input type="checkbox"/> DELETE |
| 12.9 NAME            |          |                          |                                 |
| 12.10 STREET ADDRESS |          |                          | <input type="checkbox"/> DELETE |
| 12.11 CITY, ST, ZIP  |          |                          |                                 |
| 12.12 TITLE          |          |                          | <input type="checkbox"/> DELETE |
| 12.13 NAME           |          |                          |                                 |
| 12.14 STREET ADDRESS |          |                          | <input type="checkbox"/> DELETE |
| 12.15 CITY, ST, ZIP  |          |                          |                                 |
| 12.16 TITLE          |          |                          | <input type="checkbox"/> DELETE |
| 12.17 NAME           |          |                          |                                 |
| 12.18 STREET ADDRESS |          |                          | <input type="checkbox"/> DELETE |
| 12.19 CITY, ST, ZIP  |          |                          |                                 |
| 12.20 TITLE          |          |                          | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 13.1 NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |                                                                   |
| 13.3 STREET ADDRESS  |                                                                   |
| 13.4 CITY, ST, ZIP   |                                                                   |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |                                                                   |
| 13.7 STREET ADDRESS  |                                                                   |
| 13.8 CITY, ST, ZIP   |                                                                   |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |                                                                   |
| 13.11 STREET ADDRESS |                                                                   |
| 13.12 CITY, ST, ZIP  |                                                                   |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |                                                                   |
| 13.15 STREET ADDRESS |                                                                   |
| 13.16 CITY, ST, ZIP  |                                                                   |
| 13.17 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME           |                                                                   |
| 13.19 STREET ADDRESS |                                                                   |
| 13.20 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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. 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 on Block 12 or Block 13 or changes or additions are listed with an address.

SIGNATURE:

*Harold J. Segal* Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

305-531-5492  
Print Telephone

CR2E034 (12/95)