PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # SOUTHVIEW REALTY CORP.

(5)

FILED Jan 31 1997 8:00am Secretary of State



Principal Plac C/O BERGMI 23 PHEASAN OLD BROOK	AN. JACK	Mailing Address C/O BERGMAN, JACI 23 PHEASANT HILL I OLD BROOKVILLE N	IN .			
					3. Date Incorporated or Qualified 04/21/1987	3a. Date of Last Report 10/24/1996
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 58-1731298	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		·····	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip	Count	у	8. This corporation has liability for	
24	9. Name and Address of Curre		1901		10. Name and Address of New Re	
BE	RGER, PAUL S		6	1 Name		
201 ALHAMBRA CIRCLE 12TH FLOOR, SUITE 1200			B:	2 Street Addr	ress (P.O. Box Number is Not Accepta	ble)
	ORAL GABLES FL 33134		8:	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			8	4 City		FL 85 Zip Code
11. Pursuant office or a agent. La SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig signature, typed or printed name of registered as	gations of, Section 607.0505	, Florida Statut	8 \$.	coration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.		ND DIRECTORS	13.	gent agriature requir	ADDITIONS/CHANGES TO OFFI	
TITLE	PSD	DELETE			ADDITIONS/CHANGES TO OTT	Change Addition
NAME	BEDGHAN IACK		1.2 NAM			
STREET ADDRESS	23 PHEASANT HILL LN			ET ADDRESS		
CITY - SI - ZIP	OLD BROOKVILLE NY		1.4 CITY			
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2 2 NAM	E .	•	
STREET ADDRESS			23 STRE	ET ADDRESS		
CITY-ST-ZIP			2 4 CITY	-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAM	E		•
STREET ADDRESS			3 3 STRE	ET ADDRESS	·	·
CITY-ST-Z:P			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 T(TLE			Change Addition
NAME	1		4. 2 NAM	ie j		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY		······································	
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		-ST-ZIP		
TIFLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM	ŧ		
STREET ADDRESS	Ţ		6.3 STRE	ET ADDRESS		·

14. If do 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 truefee 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.

Daytime Phone # 0005921