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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018286 (0)

WATERVIEW APTS., INC.

Principal Place of Business Mailing Address 4815 GEORGIA AVENUE 4815 GEORGIA AVENUE WEST PALM BEACH FL 33405-2815 WEST PALM BEACH FL 33405 3. Date incorporated or Qualified 3a. Date of Last Report 02/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intengible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RODBERG, MARK 4815 GEORGIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 83 City 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 little if applicable (NOTE: Registered Agent signature required when reinstelling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 96/6) 13, DELETE Change Addition 11 Till F THILE RODBERG, MARK 1.2 NAME CR2E034 **4815 GEORGIA AVENUE** 1.3 STREET ADDRESS STREET ADORESS WEST PALM BEACH FL 33405 1.4 CITY-ST-ZIP CITY-ST-ZIE DELETE Chance Addition TITLE 2.1 TITLE 2.2 NAME NAM! STREET ADDRESS 2.3 STREET ADDRESS كە4 33 West Pain Beau 2 4 CITY-ST-ZIP CITY - ST - 7IP DELETE TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST- 20F ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST-7/P DELETE 51 TITLE Change Addition THLE 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-\$1-ZIP DELETE 6.1 TITLE Change \_\_\_ Addition TITLE 6.2 NAME NAM STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. I 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 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 adverse.