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CORPORATION ANNUAL REPORT 1996 95 R

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

DOCUMENT # S68859 (5)

1. Corporation Name

SOUTHGATE GARDENS VALUE APARTMENTS, INC.

100001839881
-05/25/96--01003--005
***200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% KUPFER, KUPFER & SKOLNICK, P.A. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071-6089	1383 S WOODARD AVE STE 200 BLOOMFIELD HILLS MI 48302 US

2. Principal Place of Business	2a. Mailing Address
21 4190 TELEGRAPH ROAD Suite, Apt. #, etc.	26 4190 TELEGRAPH ROAD Suite, Apt. #, etc.
22 Suite 2100 City & State	27 Suite 2100 City & State
23 Bloomfield Hills, MI Zip / Country	28 Bloomfield Hills, MI Zip / Country
24 48302 25	29 48302 30

3. Date Incorporated or Qualified: 07/25/1991
3a. Date of Last Report: 06/20/95

4. FEI Number: 65-0279998 [ ] 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

9. Name and Address of Current Registered Agent

KUPFER, PAUL H.
1700 UNIVERSITY DR.
CORAL SPRINGS FL 33071

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: Alvin Weisberg 1/2/96
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent's name) required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	WEISBERG, ALVIN	1.2 NAME	
STREET ADDRESS	1383 S. WOODWARD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD MI	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	[ ] Change [ ] Addition
NAME	SCHLAFER, JULIE	2.2 NAME	
STREET ADDRESS	1383 S. WOODWARD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD MI	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	[ ] Change [ ] Addition
NAME	WEISBERG, STEVEN	3.2 NAME	
STREET ADDRESS	1383 S. WOODWARD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/1/96

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: Alvin Weisberg 1/2/96 407-488-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #