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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S68859 (5)

1. Corporation Name
SOUTHGATE GARDENS VALUE APARTMENTS, INC.

Principal Place of Business
4190 TELEGRAPH ROAD
SUITE 2100
BLOOMFIELD HILLS MI 48302

Mailing Address
4190 TELEGRAPH ROAD
SUITE 2100
BLOOMFIELD HILLS MI 48302-2081



3. Date Incorporated or Qualified 07/25/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0279998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WEISBERG, ALVIN
STREET ADDRESS	1000 S. WOODWARD AVE 4190 TELEGRAPH
CITY - ST - ZIP	BLOOMFIELD MI
TITLE	S <input type="checkbox"/> DELETE
NAME	SCHLAER, JULIE
STREET ADDRESS	1383 S. WOODWARD AVE
CITY - ST - ZIP	BLOOMFIELD MI
TITLE	V <input type="checkbox"/> DELETE
NAME	WEISBERG, STEVEN
STREET ADDRESS	1383 S. WOODWARD AVE
CITY - ST - ZIP	BLOOMFIELD MI
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4190 TELEGRAPH RD., SUITE 2100
1.4 CITY - ST - ZIP	Bloomfield Hills, MI 48302
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4190 TELEGRAPH RD., SUITE 2100
2.4 CITY - ST - ZIP	Bloomfield Hills, MI 48302
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4190 TELEGRAPH RD., SUITE 2100
3.4 CITY - ST - ZIP	Bloomfield Hills, MI 48302
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 address.

SIGNATURE: Alvin Weisberg 2/3/97 810-5940900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)