

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L35289** (2)

1. Corporation Name
TREETOP APARTMENTS REALTY CORP.



Principal Place of Business: **599 LEXINGTON AVE. 26 FL NEW YORK NY 10043**
Mailing Address: **UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/11/1989	07/10/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		22-3049162	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST. SUITE 300
NORTH MIAMI BEACH FL 33162**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CAHILL, WILLIAM T. 599 LEXINGTON AVENUE NEW YORK NY	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS HANDY, L THOMAS K. 2001 ROSS AVE DALLAS TX	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VAS BURDGE, BRUCE D. 2502 ROCKY POINT ROAD TAMPA FL	<input type="checkbox"/> DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <i>VS Handy, Thomas K. One Court Square Long Island City, NY 11120</i>
CITY-ST-ZIP	VT BRANDI, TERESA 850 THIRD AVE. NEW YORK NY	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VAT GALISE, JOYCE 850 THIRD AVENUE NEW YORK NY	<input type="checkbox"/> DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME	D GOLDSTEIN, PATRICIA 599 LEXINGTON AVENUE NEW YORK NY 10043	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
CITY-ST-ZIP			

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: _____

William T. Cahill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Date: _____ Daytime Phone #: _____

CR2E034 (12/95)