

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:48

DOCUMENT # P93000084458 (7)

1. Corporation Name

GULF GATE APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: C/O SENTINEL REAL ESTATE CO. 1290 AVE OF THE AMERICAS NEW YORK NY 10104

Mailing Address: C/O SENTINEL REAL ESTATE CO. 1290 AVE OF THE AMERICAS NEW YORK NY 10104

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 02/07/1994

2. Original Place of Business: 666 Fifth Avenue
2a. Mailing Address: 666 Fifth Avenue

4. FEI Number: 65-0455021
Applied For: Not Applicable

22. Suite, Apt. #, etc.: 26 Floor
27. Suite, Apt. #, etc.: 26 Floor

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: New York, NY
28. City & State: New York, NY

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 10103
25. Country: USA
29. Zip: 10103
30. Country: USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of Now Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: 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: _____ DATE: _____
Signature typed or printed name of registered agent and the date thereof (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STRECKER, JOHN H
STREET ADDRESS	1290 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY
TITLE	T
NAME	LONGO, ELIZABETH
STREET ADDRESS	1290 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY
TITLE	S
NAME	WERMAN, SUSAN T
STREET ADDRESS	1290 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	WEINER, DAVID
STREET ADDRESS	1290 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	CASSIDY, MILLIE
STREET ADDRESS	1290 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	WEINBERGER, MICHAEL J
STREET ADDRESS	1290 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	666 Fifth Avenue
1.4 CITY - ST - ZIP	New York, NY 10103
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	666 Fifth Avenue
2.4 CITY - ST - ZIP	New York, NY 10103
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	666 Fifth Avenue
3.4 CITY - ST - ZIP	New York, NY 10103
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	666 Fifth Avenue
4.4 CITY - ST - ZIP	New York, NY 10103
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	666 Fifth Avenue
5.4 CITY - ST - ZIP	New York, NY 10103
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	666 Fifth Avenue
6.4 CITY - ST - ZIP	New York, NY 10103

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 110.07(3)(a), 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 of this report, or on an attachment with an address.

SIGNATURE: *Susan T. Werman*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Susan T. Werman, Secretary

1/16/95 212-408-2900