

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90097 048 \*\*\*150.00

DOCUMENT # P98000030508

1. Corporation Name

ANDOVER PLACE APARTMENTS, INC.



Principal Place of Business Mailing Address  
666 FIFTH AVE 666 FIFTH AVE  
NEY YORK NY 10103 NEY YORK NY 10103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 c/o Sentinel Real Estate		26 c/o Sentinel Real Estate		04/02/1998	
Suite, Apt. #, etc. Corporation		Suite, Apt. #, etc. Corporation		4. FEI Number	
22 666 Fifth Avenue, 26th Floor		27 666 Fifth Avenue, 26th Floor		59-3503743	
City & State		City & State		Applied For	
23 New York, NY		28 New York, NY		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 10103 25 USA		29 10103 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREICKER, JOHN H	1.2 NAME	Belli, Noel G
STREET ADDRESS	666 FIFTH AVE	1.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP	NEY YORK NY 10103	1.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Piekarski, Andrew
STREET ADDRESS		2.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Tietjen, George
STREET ADDRESS		3.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Werman, Susan T.
STREET ADDRESS		4.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Longo, Elizabeth
STREET ADDRESS		5.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)