

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR -7 AM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **154162** (2)

1. Corporation Name
GRIF-KO APARTMENTS, INC.

Principal Place of Business Mailing Address
**2075 S. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33316** **2075 S FEDERAL HWY
FORT LAUDERDALE FL 33316-3546
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1948** 3a. Date of Last Report **04/12/1994**

4. FEI Number **59-0579307** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt #, etc. 26. Suite, Apt #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN SPALL, FRANK
2075 S. FEDERAL HWY
FORT LAUDERDALE FL 33316**

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 of current registered agent (use the 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1101	PD GERLACH, RICHARD 537 OYSTER ROAD NO PALM BEACH FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102	D VAN SPALL, FRANK 2100 S OCEAN LANE FORT LAUDERDALE FL	12 NAME	
1103	D VAN SPALL, JANET 2100 S OCEAN LANE FORT LAUDERDALE FL	13 STREET ADDRESS	
1104	D GERLACH, E. P. 537 OYSTER ROAD N. PALM BEACH FL	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1105		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1106		22 NAME	
1107		23 STREET ADDRESS	
1108		24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1109		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1110		32 NAME	
1111		33 STREET ADDRESS	
1112		34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1113		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1114		42 NAME	
1115		43 STREET ADDRESS	
1116		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1117		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1118		52 NAME	
1119		53 STREET ADDRESS	
1120		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1121		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1122		62 NAME	
1123		63 STREET ADDRESS	
1124		64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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: *Janet van Spall* JANET VAN SPALL 4 April 305-627-1053
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR