

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business 2a. Mailing Address
21 [] 26 []
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 [] 27 **2100 S. Ocean LN #712**
City & State City & State
23 [] 28 **Ft. Lauderdale, Fl.**
Zip Country Zip Country
24 [] 25 [] 29 **33316** 30 []

3. Date Incorporated or Qualified **02/25/1948** 3a. Date of Last Report **04/07/1995**
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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **2100 S. Ocean Lane Apt.#712**
83 **Fort Lauderdale, Fl. 33316**
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE *Frank van Spall* **Frank van Spall**
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent's previous registered office name, if any)

1 April 96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERLACH, RICHARD	1.2 NAME	
STREET ADDRESS	537 OYSTER ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	NO PALM BEACH FL	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SPALL, FRANK	2.2 NAME	
STREET ADDRESS	2100 S OCEAN LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SPALL, JANET	3.2 NAME	
STREET ADDRESS	2100 S OCEAN LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERLACH, E. P.	4.2 NAME	
STREET ADDRESS	537 OYSTER ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	N. PALM BEACH FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
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 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: *Janet van Spall* **Janet van Spall**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 April 96 **954-527-0165**
DATE DAY-TIME PHONE #

CR2E034 (12/95)