

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 429758 (6)

1. Corporation Name

AMREP SARATOGA SQUARE HOMES, INC.



Principal Place of Business 2300 ECON CIR ORLANDO FL 32817 US	Mailing Address PO BOX 67639 ORLANDO FL 32867 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1973		3a. Date of Last Report 05/01/1995	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
29. Name and Address of Current Registered Agent				30. Name and Address of New Registered Agent			

SCHNEIDER, ARTHUR J.
2300 ECON CIRCLE
ORLANDO FL 32817

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. State	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

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

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

PD
GLIDEMAN, ANTHONY
10 COLUMBUS CIR
NEW YORK NY

VDI
VACHANI, MOHAN
641 LEXINGTON AVE., 6TH FL
NEW YORK NY

D
WALL, JAMES
333 RIO RANCHO DR NE
RIO RANCHO NM

S
ALONSO, LORETTA L
641 LEXINGTON AVE., 6TH FL
NEW YORK NY

VP
SCHULTZ, HARVEY W
641 LEXINGTON AVE., 6TH FL
NY NY

P D
Schultz, Harvey W.
641 LEXINGTON AVE 6TH FLOOR
NEW YORK, NY 10022

NEW YORK, NY 10022

RIO RANCHO, NM 87124

Isabelle Muras
NEW YORK, NY 10022

Holstein, Martha
NEW YORK, NY 10022

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (3/96)