

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham 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 677639 ORLANDO FL 32867-7639 US
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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	29
25	30

3. Date Incorporated or Qualified 07/03/1973	3a. Date of Last Report 07/30/1996
4. FET Number 13-2799732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHNEIDER, ARTHUR J.
 2300 ECON CIRCLE
 ORLANDO FL 32817**

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 607.0102 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 _____
(NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, HARVEY W	
STREET ADDRESS	641 LEXINGTON AVENUE, 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	VACHANI, MOHAN	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALL, JAMES	
STREET ADDRESS	333 RIO RANCHO DR NE	
CITY-ST-ZIP	RIO RANCHO NM	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MURAS, ISABELLE	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOLSTEIN, MARTHA	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hicks, Judith	
4.3 STREET ADDRESS	641 Lexington Ave., 6th FL	
4.4 CITY-ST-ZIP	New York, NY	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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

SIGNATURE:  James Wall, Director 3/7/97 (505) 892-9200

CR2E034 (9/96)