

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **471303** (8)

1. Corporation Name
GF APARTMENTS, INC.



Principal Place of Business: **1026 EUCLID AVE MIAMI BEACH FL 33139 US**
Mailing Address: **% LEON MAYA 7300 WAYNE AVE #309 MIAMI BEACH FL 33141 US**

3. Date Incorporated or Qualified: **03/05/1975**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1662328**
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: **MAYA, LEON 7300 WAYNE AVENUE, APT. #309 MIAMI BEACH FL 33141**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: O	FEIBUSH, IGAL J. 33 RUSTIC GATE LANE DIX HILLS, NY.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: O	FEIBUSH, MICHAL 6255 ESCONDIDO EL PASO TX	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	GURMAN, WILLIAM 10660 FLATLANDS 5 ST. BROOKLYN, NY. <i>33 ST FREDERICK ST OCEANSIDE NY 11572</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	GURMAN, GABRIEL 26 IDLE BROOK LANE ABERDEEN NJ	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	LEVY, SILVIA 465 LINKS DR E OCEANSIDE NY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	GURMAN, THERESE 535 PLATO STREET FRANKLYN SQ. NY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William G. Gurman* **WILLIAM GURMAN** President
DATE: *3/14/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)