

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 90 JULIO GURMAN
22 City & State	27 7300 WAYNE AVENUE APT. 209
23 Zip	28 MIAMI BEACH, FL
24 Country	29 33141
25	30

3. Date Incorporated or Qualified 03/05/1975	4. FEI Number 59-1662328	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name	JULIO GURMAN
82 Street Address (P. O. Box Number is Not Acceptable)	7300 WAYNE AVE.
83	APT 209
84 City	MIAMI BEACH FL
85 Zip Code	33141

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]* **JULIO GURMAN** DATE **1-16-98**

Signature, typed or printed name of registered agent, and date of appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	O <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIBUSH, IGAL J.	1.2 NAME	
STREET ADDRESS	33 RUSTIC GATE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DIX HILLS, NY.	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIBUSH, MICHAL	2.2 NAME	
STREET ADDRESS	33 RUSTIC GATE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DIX HILLS NY	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURMAN, WILLIAM	3.2 NAME	
STREET ADDRESS	3355 FREDERICK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCEANSIDE NY	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURMAN, GABRIEL	4.2 NAME	
STREET ADDRESS	26 IDLE BROOK LANE	4.3 STREET ADDRESS	10 LIBERTY ROAD
CITY-ST-ZIP	ABERDEEN NJ	4.4 CITY-ST-ZIP	MARLBORO N.J. 07746
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, SILVIA	5.2 NAME	
STREET ADDRESS	465 LINKS DR E	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEANSIDE NY	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURMAN, THERESE	6.2 NAME	
STREET ADDRESS	535 PLATO STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLYN SQ. NY	6.4 CITY-ST-ZIP	

14. I 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 *[Signature]* **JULIO GURMAN** DATE **1-16-98**

Signature, typed or printed name of registered agent, and date of appointment (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)