

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 471303
1. Corporation Name
G F APARTMENTS, INC.

Principal Place of Business
**1026 EUCLID AVE
MIAMI BEACH, FL 33139**

Mailing Address
**% JULIO GURMAN
7300 WAYNE AVE, #209
MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified
03/05/1975

4 FFL Number
59-1662328

Applied For Not Applicable
\$8.75 Additional Fee Requested

5 Certificate of Status Desired
6 Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8 This corporation owes the current year Intangible Personal Property Tax Yes No

10 Name and Address of New Registered Agent

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

25

29

30

9. Name and Address of Current Registered Agent

**JULIO GURMAN
7300 WAYNE AVE. APT. #209
MIAMI BEACH, FL 33141**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL 85 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

Signature (typed or printed name of registered agent and the filer, applicable)

(If filer Registered Agent's signature is provided when filing, this is not required.)

(If filer)

12. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> DELETE
NAME	FEIBUSH, IGAL J.	
STREET ADDRESS	33 RUSTIC GATE LANE	
CITY-ST-ZIP	DIX HILLS, N.Y. 11746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEIBUSH, MICHAL	
STREET ADDRESS	33RUSTIC GATE LANE	
CITY-ST-ZIP	DIX HILLS, N.Y. 11746	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GURMAN, WILLIAM	
STREET ADDRESS	3355 FREDERICK ST.	
CITY-ST-ZIP	OCEANSIDE, N.Y. 11572	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GURMAN, GABRIEL	
STREET ADDRESS	10 LIBERTY RD.	
CITY-ST-ZIP	MARLBORO, N.J. 07746	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEVY, SILVIA	
STREET ADDRESS	465 LINKS DR. E	
CITY-ST-ZIP	OCEANSIDE, N.Y. 11572	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GURMAN, THERESE	
STREET ADDRESS	3239 JASON DR.	
CITY-ST-ZIP	BELLMORE, N.Y. 11710	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Group <input type="checkbox"/> Add
12 NAME	400002815394-- 1	
13 STREET ADDRESS	-03/23/99--01090--012	
14 CITY-ST-ZIP	***150.00 ***150.00	
21 TITLE		<input type="checkbox"/> Group <input type="checkbox"/> Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Group <input type="checkbox"/> Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Group <input type="checkbox"/> Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Group <input type="checkbox"/> Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Group <input type="checkbox"/> Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

Handwritten initials and date: JB 3-15-99

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 my address, with all other like empowered

SIGNATURE: *(Signature)* **WILLIAM GURMAN**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-1999 516-764-0608

CR2E034 (1/99)