

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. Moriham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 823128 (4)

1. Corporation Name

AMREP CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

2300 ECON CIR
ORLANDO FL 32817
US

PO BOX 677639
ORLANDO FL 32867
US



3. Date Incorporated or Qualified

06/30/1969

3a. Date of Last Report

05/01/1995

4. FEI Number

85-0206809

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMREP CORPORATION SYSTEM
2300 ECON CIRCLE
PLANTATION FL 33324

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TPD	<input type="checkbox"/> DELETE
NAME	WALL, JAMES	
STREET ADDRESS	333 RIO RANCHO DR. N.E.	
CITY - ST - ZIP	RIO RANCHO NM	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VACHANI, MOHAN	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY - ST - ZIP	NY NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLIEDMAN, ANTHONY	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUCKLEY, W. D	
STREET ADDRESS	333 RIO RANCHO DR., N.E.	
CITY - ST - ZIP	RIO RANCHO NM	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OATES, RANDY	
STREET ADDRESS	333 RIO RANCHO DR. N.E	
CITY - ST - ZIP	RIO RANCHO NM	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SULLIVAN, GARY L	
STREET ADDRESS	333 RIO RANCHO DR., N.E.	
CITY - ST - ZIP	RIO RANCHO NM	

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	87124
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	10022
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	87124
51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	RODNEY OATES
53 STREET ADDRESS	
54 CITY - ST - ZIP	87124
61 TITLE	SC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	87124

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 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)