

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004255 (6)

1. Corporation Name

GF PROPERTY CORP.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/20/1983	3a. Date of Last Report 03/16/1994
4. FEI Number 22-3270407	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
7. This corporation has liability for intangible tax under C. 193.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, HOWARD	12. NAME	
STREET ADDRESS	100 BAYPORT LANE	13. STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK NY 11023	14. CITY - ST - ZIP	
TITLE	EVP	21. TITLE	☐ Change ☐ Addition
NAME	BAO, EDWARD E	22. NAME	
STREET ADDRESS	2 AZALEA LANE	23. STREET ADDRESS	
CITY - ST - ZIP	RUMSON NJ	24. CITY - ST - ZIP	
TITLE	SO	31. TITLE	☐ Change ☐ Addition
NAME	HEST, LIONEL G	32. NAME	
STREET ADDRESS	450 WEST END AVENUE	33. STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10024	34. CITY - ST - ZIP	
TITLE	TD	41. TITLE	☐ Change ☐ Addition
NAME	GRONTA, MICHAEL	42. NAME	
STREET ADDRESS	89 RIDGEWOOD AVE.	43. STREET ADDRESS	
CITY - ST - ZIP	GLEN RIDGE NJ 07028	44. CITY - ST - ZIP	
TITLE	EVP	51. TITLE	☐ Change ☐ Addition
NAME	SABLOWSKY, ROBERT	52. NAME	
STREET ADDRESS	150 EAST 60TH STREET	53. STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	54. CITY - ST - ZIP	
TITLE	EVP	61. TITLE	☐ Change ☐ Addition
NAME	WALSH, ROBERT	62. NAME	
STREET ADDRESS	FAIRCHILD LANE	63. STREET ADDRESS	
CITY - ST - ZIP	NEW VERNON NJ	64. CITY - ST - ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, Block 14, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Print Name)