FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000004255 (6)**

1. Corporation Name

~~GF PROPERTY CORP.~~ GF PROPERTY CORP.

Principal Place of Business	Mailing Address
14 WALL STREET NEW YORK NY 10005	G F PROPERTY CORP C/O GRUNTAL & CO INCORPORATED NEW YORK NY 10005 US

2. Principal Place of Business	2a. Mailing Address
21 4 Campos Drive	26 4 Campos Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Parsippany NJ	City & State 28 Parsippany, NJ
Zip 24 07054 Country 25 USA	Zip 29 07054 Country 30 USA.

3. Date Incorporated or Qualified: 09/20/1993

3a. Date of Last Report: 04/20/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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 600001914416
-08/06/96--01157--006
***225.00

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	SILVERMAN, HOWARD		1.2 NAME	Fred Schlesinger
STREET ADDRESS	100 BAYPORT LANE		1.3 STREET ADDRESS	120 Grandview Ave.
CITY-ST-ZIP	GREAT NECK NY 11023		1.4 CITY-ST-ZIP	North Caldwell, NJ 07006
TITLE	EVP	☒ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	BAO, EDWARD E		2.2 NAME	John Isbrandtsen
STREET ADDRESS	2 AZALEA LANE		2.3 STREET ADDRESS	37 Ralsey Road South
CITY-ST-ZIP	RUMSON NJ		2.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	SD	☒ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	HEST, LIONEL G		3.2 NAME	Arnold J. Cohn
STREET ADDRESS	450 WEST END AVENUE		3.3 STREET ADDRESS	21 Clover Hill Dr.
CITY-ST-ZIP	NEW YORK NY 10024		3.4 CITY-ST-ZIP	Flanders, NJ 07836
TITLE	TD	☒ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME	GIRONTA, MICHAEL		4.2 NAME	James Walsh
STREET ADDRESS	89 RIDGEWOOD AVE.		4.3 STREET ADDRESS	10 Sherwood Court
CITY-ST-ZIP	GLEN RIDGE NJ 07028		4.4 CITY-ST-ZIP	Warren, NJ 07052
TITLE	EVP	☒ DELETE	5.1 TITLE	V ☐ Change ☒ Addition
NAME	SABLOWSKY, ROBERT		5.2 NAME	Arthur E. Gilgar
STREET ADDRESS	150 EAST 69TH STREET		5.3 STREET ADDRESS	16 Spruce Road
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	North Caldwell, NJ 07006
TITLE	EVP	☐ DELETE	6.1 TITLE	P/D ☒ Change ☐ Addition
NAME	WALSH, ROBERT		6.2 NAME	Robert Walsh
STREET ADDRESS	FAIRCHILD LANE		6.3 STREET ADDRESS	46 Laura Lane
CITY-ST-ZIP	NEW VERNON NJ		6.4 CITY-ST-ZIP	Harding, NJ 07960

8/16/96

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)(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: _____ Arnold Cohn, VP 8/1/96 (201)285-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)