

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000004651 (6)

1. Corporation Name

AP-FLGP CORP., INC.



Principal Place of Business

Mailing Address

% APOLLO REAL ESTATE ADVISORS. L.P.  
TWO MANHATTANVILLE RD.  
PURCHASE NY 10577

% APOLLO REAL ESTATE ADVISORS. L.P.  
TWO MANHATTANVILLE RD.  
PURCHASE NY 10577

3. Date Incorporated or Qualified

10/15/1993

3a. Date of Last Report

02/28/1995

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

4. FEI Number

13-3736672

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BLACK, LEON D  
STREET ADDRESS TWO MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY 10577

1.1 TITLE V/AS ☐ Change ☒ Addition  
1.2 NAME RONALD KRAVIT  
1.3 STREET ADDRESS 1301 AVENUE OF THE AMERICAS  
1.4 CITY-STATE-ZIP NEW YORK, NY 10019

TITLE VASD ☐ DELETE  
NAME HANNAN, JOHN J  
STREET ADDRESS TWO MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY 10577

2.1 TITLE V/AS ☐ Change ☒ Addition  
2.2 NAME LEE NEIBART  
2.3 STREET ADDRESS 1301 AVENUE OF THE AMERICAS  
2.4 CITY-STATE-ZIP NEW YORK, NY 10019

TITLE VSD ☒ DELETE  
NAME COGUT, CRAIG M  
STREET ADDRESS TWO MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY 10577

3.1 TITLE V/S ☐ Change ☒ Addition  
3.2 NAME MICHAEL D. WEINER  
3.3 STREET ADDRESS 1999 AVENUE OF THE STARS  
3.4 CITY-STATE-ZIP LOS ANGELES, CA 90067

TITLE V ☐ DELETE  
NAME SCHEETZ, EDWARD  
STREET ADDRESS TWO MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY 10577

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME RONALD SOLOTRYK  
4.3 STREET ADDRESS 2 MANHATTANVILLE RD  
4.4 CITY-STATE-ZIP PURCHASE NY 10577

TITLE T ☒ DELETE  
NAME SHAPIRO, FRED  
STREET ADDRESS 2 MANHATTANVILLE RD  
CITY-STATE-ZIP PURCHASE NY

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME STUART KOENIG  
5.3 STREET ADDRESS 1301 AVENUE OF THE AMERICAS  
5.4 CITY-STATE-ZIP NEW YORK, NY 10019

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE V/AS ☐ Change ☒ Addition  
6.2 NAME RICARDO KOENIGSBERGER  
6.3 STREET ADDRESS 1301 AVENUE OF THE AMERICAS  
6.4 CITY-STATE-ZIP NEW YORK, NY 10019

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/29/96

(914) 694-8000

Daytime Phone #

CR2E034 (12/95)