


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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000004651 (6) 1. Corporation Name AP-FLGP CORP., INC.					
Principal Place of Business % APOLLO REAL ESTATE ADVISORS. L.P. TWO MANHATTANVILLE RD. PURCHASE NY 10577			Mailing Address % APOLLO REAL ESTATE ADVISORS. L.P. TWO MANHATTANVILLE RD. PURCHASE NY 10577-2118		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/15/1993 3a. Date of Last Report 03/12/1996 4. FEI Number 13-3736672 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME BLACK, LEON D STREET ADDRESS TWO MANHATTANVILLE RD. CITY-ST-ZIP PURCHASE NY 10577			1.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME RONALD SOLOTRUK 1.3 STREET ADDRESS 2 MANHATTANVILLE ROAD 1.4 CITY-ST-ZIP PURCHASE, NY 10577		
TITLE VASD <input type="checkbox"/> DELETE NAME HANNAN, JOHN J STREET ADDRESS TWO MANHATTANVILLE RD. CITY-ST-ZIP PURCHASE NY 10577			2.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME STUART KOENIG 2.3 STREET ADDRESS 1301 AVENUE OF THE AMERICAS 2.4 CITY-ST-ZIP NY NY 10019		
TITLE VAS <input checked="" type="checkbox"/> DELETE NAME KRAVIT, RONALD STREET ADDRESS 1301 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YOR NY			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE V <input type="checkbox"/> DELETE NAME SCHEETZ, EDWARD STREET ADDRESS TWO MANHATTANVILLE RD. CITY-ST-ZIP PURCHASE NY 10577			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE AS <input type="checkbox"/> DELETE NAME NEIBART, LEE STREET ADDRESS 1301 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK NY			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE VS <input type="checkbox"/> DELETE NAME WEINER, MICHAEL D. STREET ADDRESS 1999 AVENUE OF THE STARS CITY-ST-ZIP LOS ANGELES CA			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)