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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90045 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004651

1. Corporation Name
AP-FLGP CORP., INC.

Principal Place of Business

% APOLLO REAL ESTATE ADVISORS. L.P.
2 MANHATTANVILLE ROAD
PURCHASE NY 10577

Mailing Address

% APOLLO REAL ESTATE ADVISORS. L.P.
2 MANHATTANVILLE ROAD
PURCHASE NY 10577

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VPC**
STREET ADDRESS **SOLOTRUK, RONALD J**
CITY-ST-ZIP **2 MANHATTANVILLE RD**
PURCHASE NY 10577

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HANNAN, JOHN J**
CITY-ST-ZIP **2 MANHATTANVILLE ROAD**
PURCHASE NY 10577

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **KOENIG, STUART**
CITY-ST-ZIP **1301 AVENUE OF THE AMERICAS**
NEW YORK NY 10577

TITLE ☐ DELETE
NAME **VPAS**
STREET ADDRESS **BODEY, ROBERT S**
CITY-ST-ZIP **1999 AVENUE OF THE STARS**
LOS ANGELES CA 90067

TITLE ☐ DELETE
NAME **VPAS**
STREET ADDRESS **NEIBART, LEE**
CITY-ST-ZIP **1301 AVENUE OF THE AMERICAS**
NEW YORK NY 10019

TITLE ☐ DELETE
NAME **VPSD**
STREET ADDRESS **WEINER, MICHAEL D.**
CITY-ST-ZIP **1999 AVENUE OF THE STARS**
LOS ANGELES CA 90067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: **Robert S Bodey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

914-694-8000

Date

Daytime Phone #

CR2E034 (11/98)