

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 28 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001543 (7)

1. Corporation Name

AP-REGP CORP., INC.

Principal Place of Business

**C/O APOLLO REAL ESTATE ADVISORS, LP.
TWO MANHATTANVILLE ROAD
PURCHASE NY 10577**

Mailing Address

**C/O APOLLO REAL ESTATE ADVISORS, LP.
TWO MANHATTANVILLE ROAD
PURCHASE NY 10577**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

4. FEI Number

APPLIED FOR 13-3760488

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 title if applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	BLACK, LEON D	TWO MANHATTANVILLE ROAD PURCHASE NY 10577	
VPAS	HANNAN, JOHN J	TWO MANHATTANVILLE ROAD PURCHASE NY 10577	
VPAS	WENER, MICHAEL D	1900 AVENUE OF THE STARS, SUITE 1900 LOS ANGELES CA 90067	
VPS	COGUT, CRAIG M	TWO MANHATTANVILLE ROAD PURCHASE NY 10577	
VP	SCHETZ, EDWARD	TWO MANHATTANVILLE ROAD PURCHASE NY 10577	
VP	NEIBART, LEE	TWO MANHATTANVILLE ROAD PURCHASE NY 10577	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☐ Change ☒ Addition
V/T	Shapiro, Fred	2 Manhattanville Rd. Purchase, New York 10577		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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)(g), 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:

Fred Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Shapiro

2/17/95

(914) 694-8000

Title

Telephone Number