

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

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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 # F94000001543 (7)

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

Principal Place of Business  
C/O APOLLO REAL ESTATE ADVISORS. L.P.  
TWO MANHATTANVILLE ROAD  
PURCHASE NY 10577

Mailing Address  
C/O APOLLO REAL ESTATE ADVISORS. L.P.  
TWO MANHATTANVILLE ROAD  
PURCHASE NY 10577-2118



3. Date Incorporated or Qualified 03/28/1994  
3a. Date of Last Report 03/12/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-3760488		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLACK, LEON D			1.2 NAME	RONALD SOLOTRUK		
STREET ADDRESS	TWO MANHATTANVILLE ROAD			1.3 STREET ADDRESS	2 MANHATTANVILLE ROAD		
CITY-ST-ZIP	PURCHASE NY 10577			1.4 CITY-ST-ZIP	PURCHASE, NY 10577		
TITLE	VPAS	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HANNAN, JOHN J			2.2 NAME	STUART KOENIG		
STREET ADDRESS	TWO MANHATTANVILLE ROAD			2.3 STREET ADDRESS	1301 AVENUE OF THE AMERICAS		
CITY-ST-ZIP	PURCHASE NY 10577			2.4 CITY-ST-ZIP	NY, NY 10019		
TITLE	VPAS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINER, MICHAEL D			3.2 NAME			
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 1900			3.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90067			3.4 CITY-ST-ZIP			
TITLE	VAS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAVIT, RONALD			4.2 NAME			
STREET ADDRESS	1301 AVENUE OF THE AMERICAS			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHETZ, EDWARD			5.2 NAME			
STREET ADDRESS	TWO MANHATTANVILLE ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PURCHASE NY 10577			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEIBART, LEE			6.2 NAME			
STREET ADDRESS	TWO MANHATTANVILLE ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	PURCHASE NY 10577			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: \_\_\_\_\_ 1/24/97 914-694-8000  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)