

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40727 (0)
1. Corporation Name
APH ASSOCIATES, INC.



Principal Place of Business Mailing Address
**C/O THE RELATED COMPANIES, INC.
625 MADISON AVENUE
NEW YORK NY 10022** **C/O THE RELATED COMPANIES, INC.
625 MADISON AVENUE
NEW YORK NY 10022**

3. Date Incorporated or Qualified **09/30/1992** 3a. Date of Last Report **07/27/1995**
4. FEI Number **13-3643123** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 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 _____ DATE _____
Signature typed or printed name of registrant and date of filing (Date Registered Agent Signature Required) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HIMES, ALAN P.	
STREET ADDRESS	625 MADISON AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCMAHON, LYNN A.	
STREET ADDRESS	625 MADISON AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
11.2 NAME	
11.3 STREET ADDRESS	
11.4 CITY - ST - ZIP	
12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME	
14.3 STREET ADDRESS	
14.4 CITY - ST - ZIP	
15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.2 NAME	
15.3 STREET ADDRESS	
15.4 CITY - ST - ZIP	
16.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16.2 NAME	
16.3 STREET ADDRESS	
16.4 CITY - ST - ZIP	

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: Lynn A. McMahon Date: 11/17/96 (012/021-5333)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Lynn McMahon, Secretary Daytime Phone #

CR2E034 (12/95)