

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028412 (1)

1. Corporation Name

CROCKER REALTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 433 PLAZA REAL

26 433 PLAZA REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 335

27 SUITE 335

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33432

25 PALM BCH.

29 33432

30 PALM BCH

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST.
SUITE 300
N. MIAMI BEACH FL 33162

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

Signature, typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WEINER, MICHAEL D
STREET ADDRESS %APOLLO REAL ESTATE ADVISORS, L.P.
CITY-ST-ZIP PURCHASE NY 10577

TITLE D ☒ DELETE
NAME HANNAN, JOHN J
STREET ADDRESS %APOLLO REAL ESTATE ADVISORS, L.P.
CITY-ST-ZIP PURCHASE NY 10577

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE ☐ Change ☒ Addition

3. NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☒ Addition

4. NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☒ Addition

5. NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6.3 STREET ADDRESS

6.4 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 attached schedule of additions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96

407-395-9666

CR2E034 (12/95)