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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candora B. Myrstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25165** (2)

1. Corporation Name
EAPCO COMMERCIAL PROPERTIES, INC.

Principal Place of Business: **NEGOTIABLE REAL ESTATE INVESTMENT MANAG. 3414 PEACHTREE RD., N.E. ATLANTA GA 30326-1162.**

Mailing Address: **NEGOTIABLE REAL ESTATE INVESTMENT MANAG. 3414 PEACHTREE RD., N.E. ATLANTA GA 30326-1162.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 299 PARK AVE		26 299 PARK AVE		07/13/1989	05/01/1994
22 35TH FLOOR		27 35TH FLOOR		4. FEI Number	Applied For
23 NEW YORK, NY		28 NEW YORK, NY		58-6237000	Not Applicable
24 10171	25	29 10171	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
UNITED CORPORATE SERVICES, INC. 801 N.E. 187TH STREET SUITE 305 N. MIAMI BEACH FL 33162				7. This corporation has liability for intangible tax under S. 199.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City		85 Zip Code	
84 FL					

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 registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GORDON M.	12. NAME	WILLIAM M. KAHN
STREET ADDRESS	299 PARK AVENUE	13. STREET ADDRESS	299 PARK AVE.
CITY - ST - ZIP	NEW YORK NY	14. CITY - ST - ZIP	NEW YORK, NY 10171
TITLE	VP	21. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALEADER, RICHARD J.	22. NAME	DAVID W. FARNSWORTH
STREET ADDRESS	299 PARK AVENUE	23. STREET ADDRESS	299 PARK AVE
CITY - ST - ZIP	NEW YORK NY	24. CITY - ST - ZIP	NEW YORK NY 10171
TITLE	US	31. TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINERSTEIN, ROBERT C.	32. NAME	MARK G. SLOAN
STREET ADDRESS	299 PARK AVENUE	33. STREET ADDRESS	299 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY	34. CITY - ST - ZIP	NEW YORK, NY 10171
TITLE	D	41. TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHN, WILLIAM M.	42. NAME	ROBERT C. DINERSTEIN
STREET ADDRESS	299 PARK AVENUE	43. STREET ADDRESS	299 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY	44. CITY - ST - ZIP	NEW YORK, NY 10171
TITLE		51. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	GORDON M. BURNS
STREET ADDRESS		53. STREET ADDRESS	299 PARK AVENUE
CITY - ST - ZIP		54. CITY - ST - ZIP	NEW YORK, NY 10171
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 110.07(3)(b), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark G. Sloan* **CHIEF FINANCIAL OFFICER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M. Kahn (213) 821-3133
Treasurer