

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25165 (2)**
1. Corporation Name
EAPCO COMMERCIAL PROPERTIES, INC.



Principal Place of Business		Mailing Address	
299 PARK AVENUE 25TH FLOOR NEW YORK NY 10171 US		299 PARK AVENUE 26TH FLOOR NEW YORK NY 10171 US	
21	22	26	27
Site, Apt #, etc	City & State	Site, Apt #, etc	City & State
	16TH FLOOR		16TH FLOOR
23	24	28	29
Zip	County	Zip	County

3. Date Incorporated or Qualified	3a. Date of Last Report
07/13/1989	05/01/1995
4. FEI Number	Applied For
58-6237000	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET
SUITE 305
N. MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.050(2) and 607.11(2), 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 adopt the appointment as registered agent. I am familiar with and accept the obligations of Section 607.03(6), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, WILLIAM M	1.2 NAME	
STREET ADDRESS	299 PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNSWORTH, DAVID W.	2.2 NAME	
STREET ADDRESS	299 PARK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, MARK G.	3.2 NAME	
STREET ADDRESS	299 PARK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINERSTEIN, ROBERT C.	4.2 NAME	
STREET ADDRESS	299 PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GEORGE	5.2 NAME	
STREET ADDRESS	299 PARK AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: *Mark G. Sloan* MARK G. SLOAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96
212-821-3133
DATE: FILED

CR2E034 (12/95)