

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **848374** (5)

1. Corporation Name

RS PROPERTIES THREE, INC.



Principal Place of Business

Mailing Address

**437 MADISON AVENUE
% SCHROEDER REAL ESTATE ASSOC.
NEW YORK NY 10022**

**437 MADISON AVENUE
% SCHROEDER REAL ESTATE ASSOC.
NEW YORK NY 10022**

3. Date Incorporated or Qualified
02/27/1981

3a. Date of Last Report
03/02/1995

2. Principal Place of Business
21 **9501 Arlington Expwy**

2a. Mailing Address
26 **9501 Arlington Expwy**

4. FLI Number
13-3073571

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **#E-26**

Suite, Apt. #, etc.
27 **#E-26**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Jacksonville, FL**

City & State
28 **Jacksonville, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 **32225** 25 **USA**

Zip Country
29 **32225** 30 **USA**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 and title if applicable

(NOTE: Registered Agent's signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
VPD	LACHMAN, M. LEANNE	437 MADISON AVE.	NEW YORK NY	<input checked="" type="checkbox"/>
ASD	NEEDELL, BENJAMIN	919 THIRD AVENUE	NEW YORK, NY 0	<input checked="" type="checkbox"/>
PD	PECK, NORMAN L	437 MADISON AVENUE	NEW YORK, NY 0	<input checked="" type="checkbox"/>
VAS	FRISK, RANDALL	437 MADISON AVENUE	NEW YORK, NY 0	<input checked="" type="checkbox"/>
DVT	PESKIN, MARK	437 MADISON AVENUE	NEW YORK, NY 0	<input checked="" type="checkbox"/>
VAS	MCINTYRE, CHARLES	437 MADISON AVENUE	NEW YORK, NY 0	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	CHANGE	ADDITION
P/D/C	David S. Gruber	9501 Arlington Expwy #E-26	Jacksonville, FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V/D	Donn M. Fuller	9501 Arlington Expwy #E-26	Jacksonville, FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V/D	Peter Johnson	9501 Arlington Expwy #E-26	Jacksonville, FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V/S	Howard Garfield	9501 Arlington Expwy #E-26	Jacksonville, FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V	Richard Weiblen	9501 Arlington Expwy #E-26	Jacksonville, FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Garfield

2/13/96

214-980-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)