

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
98 JAN 15 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005927 (9)
1. Corporation Name
CORAL LANDINGS RPFII REALTY CORPORATION

Principal Place of Business: **3003 SUMMER ST. STAMFORD CT 06905**
Mailing Address: **P.O. BOX 120073 STAMFORD CT 06912**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/29/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		06-1387329	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONE, MICHAEL J	1.2 NAME	
STREET ADDRESS	3003 SUMMER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIORDAN, PHILIP A	2.2 NAME	100002401661--9
STREET ADDRESS	3003 SUMMER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06905	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, SARGENT R	3.2 NAME	
STREET ADDRESS	3003 SUMMER ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06905	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, STEPHEN B	4.2 NAME	
STREET ADDRESS	3003 SUMMER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06905	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, B B	5.2 NAME	
STREET ADDRESS	2025 CENTURY PARK EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, PATRICK F	6.2 NAME	
STREET ADDRESS	3003 SUMMER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06905	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CR2E034 (10/97)

020 1/15



ACCOUNT NO. : 072100000032
 REFERENCE : 667803 8630A
 AUTHORIZATION : *Patricia Pizito*
 COST LIMIT : \$ 150.00

ORDER DATE : January 13, 1998
 ORDER TIME : 10:54 AM
 ORDER NO. : 667803-010
 CUSTOMER NO: 8630A
 CUSTOMER: Mr. Fund Gerpil
 Ge Investment Co.
 Registered Agent Department
 1013 Centre Road
 Wilmington, DE 19805

ANNUAL REPORT FILING

NAME: CORAL LANDINGS RPFII REALTY CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____

RECEIVED
 98 JAN 15 PM 12:34
 DIVISION OF CORPORATION