

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005927

1. Corporation Name

CORAL LANDINGS RPHI REALTY CORPORATION

Principal Place of Business

3003 SUMMER ST.
STAMFORD CT 06905

Mailing Address

P.O. BOX 120073
STAMFORD CT 06912

2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

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Zip

Country

24

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature is not required when the registered agent is a corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DVS

NAME

STRONE, MICHAEL J

STREET ADDRESS

3003 SUMMER STREET

CITY-STATE-ZIP

STAMFORD CT

TITLE

V

NAME

RIORDAN, PHILIP A

STREET ADDRESS

3003 SUMMER ST.

CITY-STATE-ZIP

STAMFORD CT 06905

TITLE

P

NAME

PRESTON, SARGENT R

STREET ADDRESS

3003 SUMMER ST.

CITY-STATE-ZIP

STAMFORD CT 06905

TITLE

V

NAME

HOOVER, STEPHEN B

STREET ADDRESS

3003 SUMMER ST.

CITY-STATE-ZIP

STAMFORD CT 06905

TITLE

V

NAME

BARNETT, B B

STREET ADDRESS

2025 CENTURY PARK EAST

CITY-STATE-ZIP

LOS ANGELES CA 90067

TITLE

VT

NAME

DWYER, PATRICK F

STREET ADDRESS

3003 SUMMER ST.

CITY-STATE-ZIP

STAMFORD CT 06905

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

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44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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, with another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Hughes

4-28-99 202/226-2300

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