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

DOCUMENT # F9400000900 (0)

RCA MULTIFAMILY, INC.

Principal Place of Business

Mailing Address

FILED Feb 17 1998 8:00am Secretary of State



720 FIFTH AVENUE NEW YORK NY 10019		720 FIFTH AVENUE NEW YORK NY 10019		DO NOT WRITE I	N THIS SPACE		
					3. Date Incorporated or Qualified 02/23/1994		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			75-2525014	-	Not Applicable
Sulte, Apt. #, etc.		Suile, Apt. #, etc.			☐ \$8.	75 Additional	
22		27		5. Certificate of Status Desired	LJ F	ee Required	
City & Stat	0	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution	Ad	ided to Fees
Zip	Country	Zφ	Count	у	8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 3		□ No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Reg	istered Agent	
	T CORPORATION SYSTEM		8	Name			
1200 SOUTH PINE ISLAND ROAD				Street Add	dress (P.O. Box Number is Not Acceptable	9)	
PL	ANTATION FL 33324						
			8:	3			
			84	1 - 7		FL 85	Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abor authorized b lorida Statuto	ve-named cor by the corpora as.	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of chang the appointme	ing its registered nt as registered
SIGNATURE							
	Signature, typed or printed name of registered agr			jent signalure requ	uired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD DECODE BATOLOU A	☐ DELETÈ	1.1 TITLE			☐ Cha	inge 🔲 Addition
NAME	GERSCHEL, PATRICK A		1.2 NAME				
STREET ADDRESS	720 FIFTH AVE 10TH FL			T ADDRESS			
CITY-ST-ZIP	NEW YORK NY	I oruge	1.4 CITY-	ST- ZIP			
TITLE	<u> </u>	☐ DELETE	2 1 TITLE			☐ Chi	inge
NAME	SCHERR MARC		22 NAME				
STREET ADDRESS	720 FIFTH AVE 10TH FL			I ADDRESS			
CITY-ST-ZIP	NEW YORK NY	Drive	2. 4 CITY	ST-ZIP			
TITLE	ST CATTERNO LADOV	DELETE	3.1 TITLE			∐ Cha	inge 🔲 Addition
NAME	GATTEGNO, LARRY		3.2 NAME				
STREET ADDRESS	720 FIFTH AVE 10TH FL			T ADDRESS			
CITY-ST-ZIP	NEW YORK NY	· · · · · · · · · · · · · · · · ·	3.4. CITY	\$1-2IP			
TIFLE	POCHAZON DODEDT	DELETE	4.1 TITLE			∐ Cha	inge Addition
NAME	BREWTON, ROBERT L		4. 2 NAME	i			
STREET ADDRESS	1300 POST OAK BLVD STE 1	8/5	4.3 STREE	1 ADDRESS			
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-	ST-ZIP			
TITLE	V	DELETE	5.1 TITLE			☐ Cha	nge L. Addition
NAME	HERZEBERG MICHAEL		5.2 NAME				
STREET ADDRESS	200 W MADISON STE 2720		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	CHIACAGO IL		5.4 CITY-	ST-ZIP			
TITLE		DELETE	61 TITLE	_		☐ Cha	nge 🔲 Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
0177 07 710			C 4 DITH	or 310			

14. Thereby 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.