

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

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1996 JUN -4 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000068 (5)

1. Corporation Name

ORLANDO TWO RPF III REALTY CORP.



Principal Place of Business

Mailing Address

% GE INVESTMENTS
3003 SUMMER ST.
STAMFORD CT 06904

% GE INVESTMENTS
3003 SUMMER ST.
STAMFORD CT 06904

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O GEIC R/E Tax Dept.

22 City & State

27 P.O. Box 120073

23 Zip

Country

28 Stamford, CT

Zip

Country

24

25

29 06912-0073

30 USA

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

4. FET Number

APPLIED FOR 06-1414385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME GIGLIOTTI, ROBERT P
STREET ADDRESS 3003 SUMMER ST.
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ DELETE

VSD
NAME STRONE, MICHAEL J
STREET ADDRESS 3003 SUMMER ST.
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ DELETE

T
NAME LEVANTI, STEPHEN J
STREET ADDRESS 3003 SUMMER ST.
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

T
NAME Dwyer, Patrick P
1.2 NAME 3003 Summer Street
1.3 STREET ADDRESS Stamford, CT 06904
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

V
NAME Levanti, Stephen J.
3.2 NAME 3003 Summer Street
3.3 STREET ADDRESS Stamford, CT 06904
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Strone

5/30/96

(203) 326-2300

Date

Daytime Phone #

CR2E034 (12/95)