

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 # 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

C/O GEIC R/E TAX DEPT  
P.O. BOX 120073  
STAMFORD CT 06912-0073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1995

4. FEI Number

06-1414385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

V  
NAME ZALUCKI, ROBERT J  
STREET ADDRESS 3003 SUMMER ST.  
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ DELETE

T  
NAME DWYER, PATRICK F  
STREET ADDRESS 3003 SUMMER STREET  
CITY-ST-ZIP STAMFORD CT 06904

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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

3.2 NAME

3.3 STREET ADDRESS

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 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. 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)

FILED

98 JAN 15 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





ACCOUNT NO. : 072100000032

REFERENCE : 667813 8630A

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : January 13, 1998

ORDER TIME : 10:59 AM

ORDER NO. : 667813-015

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gerpii  
Ge Investment Co.  
Registered Agent Department  
1013 Centre Road  
Wilmington, DE 19805

ANNUAL REPORT FILING

NAME: ORLANDO TWO RPFIII REALTY  
CORP.

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