

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 # F96000000786 (1)

1. Corporation Name
BROWARD RPF III REALTY CORP.

Principal Place of Business

C/O GE INVESTMENTS
3003 SUMMER STREET
STAMFORD CT 06904

Mailing Address

C/O GE INVESTMENTS
3003 SUMMER STREET
STAMFORD CT 06904

FILED

98 JAN 15 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/15/1996

4. FEI Number

06-1445411

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 P
NAME GIGLIOTTI, ROBERT P
STREET ADDRESS C/O GE INVESTMENTS, 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904

TITLE SVD
NAME STRONE, MICHAEL J
STREET ADDRESS C/O GE INVESTMENTS, 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904

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

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

TITLE V
NAME HOOVER, STEPHEN B
STREET ADDRESS C/O GE INVESTMENTS, 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904

TITLE V
NAME BARRETT, B B
STREET ADDRESS 2029 CENTURY PARK EAST SUITE 1230
CITY-ST-ZIP LOS ANGELES CA 90087

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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; that I am an officer or director of the corporation or its 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]

Michael P. T. St. 119198

(203) 326-2300

CR2E034 (10/97)

2



ACCOUNT NO. : 072100000032

REFERENCE : 667813 8630A

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 150.00

ORDER DATE : January 13, 1998

ORDER TIME : 11:0 AM

ORDER NO. : 667813-020

CUSTOMER NO: 8630A

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

ANNUAL REPORT FILING

NAME: BROWARD 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