

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F96000000786

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 individual if applicable

(NOTE: Registered Agent signature required when filing statement)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

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

TITLE SVD [] DELETE

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

TITLE T X DELETE

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

TITLE V X DELETE

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

TITLE V X DELETE

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

TITLE V [] DELETE

NAME BARRETT, B B
STREET ADDRESS 2029 CENTURY PARK EAST SUITE 1230
CITY-ST-ZIP LOS ANGELES CA 90067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE [] Change [] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [] Change X Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [] Change X Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change X Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VP + Treasurer
Robert J. Hughes
3003 Summer Street
Stamford, CT 06904
VP
Philip A. Riordan
3003 Summer St.
Stamford, CT 06904
VP
Preston R. Sargent
3003 Summer St.
Stamford, CT 06904

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 in an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Strone 4-27-99 203/826-2300

DATE

Signature Printed Name

CR2E034 (11/98)

FILED

APR 30 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent