

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90025 045 ***150.00

DOCUMENT # F97000006379

1. Corporation Name
CAPREIT OF BRADEN LAKES, INC.



Principal Place of Business
11200 ROCKVILLE PIKE, 4TH FLOOR Suite 100
ROCKVILLE MD 20852

Mailing Address
11200 ROCKVILLE PIKE, 4TH FLOOR Suite 100
ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

52-2055950

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

2. Principal Place of Business

2a. Mailing Address

21 11200 Rockville Pike

26 11200 Rockville Pike

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

23 City & State

28 City & State

23 Rockville, MD

28 Rockville, MD

24 Zip

Country

24 20852

25 U.S.

29 Zip

Country

29 20852

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☐ DELETE
NAME KADISH, RICHARD L.
STREET ADDRESS 11200 ROCKVILLE PIKE, 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20852

1.1 TITLE PCEO ☒ Change ☐ Addition
1.2 NAME Kadish, Richard L.
1.3 STREET ADDRESS 11200 Rockville Pike, Suite 100
1.4 CITY-ST-ZIP Rockville, MD 20852

TITLE CFOD ☐ DELETE
NAME ESPOSITO, BRUCE A.
STREET ADDRESS 11200 ROCKVILLE PIKE, 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20852

2.1 TITLE VCFOT ☒ Change ☐ Addition
2.2 NAME Esposito, Bruce A.
2.3 STREET ADDRESS 11200 Rockville Pike, Suite 100
2.4 CITY-ST-ZIP Rockville, MD 20852

TITLE VS ☐ DELETE
NAME GOLDSHINE, JEFFREY A.
STREET ADDRESS 11200 ROCKVILLE PIKE, 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20852

3.1 TITLE VS ☒ Change ☐ Addition
3.2 NAME Goldshine, Jeffrey A.
3.3 STREET ADDRESS 11200 Rockville Pike, Suite 100
3.4 CITY-ST-ZIP Rockville, MD 20852

TITLE VS ☐ DELETE
NAME HEYMAN, ERNEST L.
STREET ADDRESS 11200 ROCKVILLE PIKE, 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20852

4.1 TITLE V ☒ Change ☐ Addition
4.2 NAME Heymann, Ernest L.
4.3 STREET ADDRESS 11200 Rockville Pike, Suite 100
4.4 CITY-ST-ZIP Rockville, MD 20852

TITLE V ☐ DELETE
NAME BAND, RICK J.
STREET ADDRESS 11200 ROCKVILLE PIKE, 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20852

5.1 TITLE V ☒ Change ☐ Addition
5.2 NAME Band, Rick J.
5.3 STREET ADDRESS 11200 Rockville Pike, Suite 100
5.4 CITY-ST-ZIP Rockville, MD 20852

TITLE V ☐ DELETE
NAME BECKER, SANDRA L.
STREET ADDRESS 11200 ROCKVILLE PIKE, 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20852

6.1 TITLE V ☒ Change ☐ Addition
6.2 NAME Becker, Sandra L.
6.3 STREET ADDRESS 11200 Rockville Pike, Suite 100
6.4 CITY-ST-ZIP Rockville, MD 20852

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert A. Shapiro V.P. March 10, 1999

CR2E034 (1/198)