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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name

P31681

(0)

GARDENS EAST RPF REALTY CORPORATION

Principal Place of Business

Mailing Address

APPROVED AND

1996 JUN -4 PM 2: 20

SECRETARY OF STATE TALLAHASSEE. FLORIDA



STAMEONO	ER STREET. BOX 7900 CT 06904	3003 SUMMER STAMFORD C	R STREET, BOX 79 T 0 6904	900	3. Date Incorporated or Qualified	3a. Date of Last 01/11/	Report 1 1995
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Addres	28. Mailing Address 26 C/D GEIC RIE TOX DCPT.		4. FEI Number		Applied For
		26 C/D 6FIC			52-1705358		Not Applicable
		Suite, Apt. #, e	etc.	•	5. Certificate of Status Desired		5 Additional
22		27 P.D. PO)	x 120073	}		L Fee	Required
City & State		City & State	1 17		6. Election Campaign Financing		00 May Be
Zip	Country	28 Stamfo			Trust Fund Contribution	Add	led to Fees
24	25	7/p	Cour	SA	This corporation has liability for Elegida Statutas	rintangible tax under s - 🗀 No	s 199.032,
£7]	9. Name and Address of Cur	rent Registered Agent) 13 Ian O	אכ	Florida Statutes Ye 10. Name and Address of New		
				81 Name	10. 110. 110. 110. 110. 110. 110. 110.	ingistered Agent	
	PRATION SERVICE COMPAN AYS STREET	IY		82 Street	Address (P.O. Box Number is Not Accepta	bie)	
	HASSEE FL 33324		}	83			<u></u>
				84 City		FL I	Zip Code
or registered	the provisions of Sections 607.0 d agent, or both, in the State of F a, and accept the obligations of, S	riorida. Such change was at	utnorized by the co	ve named co orporation s	prporation submits this statement for the puboard of directors. Hereby accept the app	urpose of changing its pointment as registere	registered office ed agent. Lam
SIGNATURE	Ignature, typed or printed name of registered a	,		Arent signal ne n	equired when reinstating)	DATE	
12.		AND DIRECTORS		- 19:11 2-31 21:15 3 1	<u> </u>		
		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	OBS IN 12
TITLE	P	DELET		TLE	ADDITIONS/CHANGES TO OF		
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Too nereby certify that the information supplied with this tining is voluntarily turnished and coes not quality for the exemption stated in Section 119 0/13/16, Horioa Statutes, Further certify that the information indicated on this absular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the comporation 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 chapter 6, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96