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

🦖 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P31681

(0)

SECRETARY OF STATE TALLAHASSEE, FLORIDA GARDENS EAST RPF REALTY CORPORATION Principal Place of Business Mailing Address C/O GEIC C.O GEIC R/E TAX DEPT. 3003 SUMMER STREET. BOX 7800 P.O. BOX 120073 STAMFORD CT 06904 STAMFORD CT 06912-0073 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1990 06/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1705358 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Z_{Π^1} Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 33324 В3 84 City Zip Code 85 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 it am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Stiphistorie, type if or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DELETE Change Addition 1.1 TITLE 1006 GIGLIOTTI. ROBERT P NAME 1.2 NAME 3003 SUMMER STREET, BOX 7900 STREET ADDRESS 1.3 STREET ADDRESS STAMFORD CT 06904 1.4 CITY-ST-ZIP CHY-\$1-20 20080216185 DELETE TÜLE 2.1 TITLE HOOVER, STEPHEN B NAME 2.2 NAME 3003 SUMMER STREET, BOX 7900 2.3 STREET ADDRESS STREET ADDRESS STAMFORD CT 06904 CHY-\$1-20 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE 101.1 STRONE, MICHAEL J 32 NAME NAME 3003 SUMMER STREET, BOX 7900 STREET ADDRESS 3.3 STREET ADDRESS STAMFORD CT 06904 3.4. CITY - ST - ZIP CHY-ST ZIP DELETE Change Addition TITLE 4.1 TITLE LEVANTI, STEPHEN J NAME 4. 2 NAME 3003 SUMMER STREET STREET ADDRESS 4.3 STREET ADDRESS STAMFORD CT 06904 4.4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition 5 1 TITLE 111±F STRONE, MICHAEL 52 NAME NAME 3003 SUMMER STREET, BOX 7900 5.3 STREET ADDRESS SPREED ADDRESS STAMFORD CT 5.4 CITY - ST - ZIP (117-ST-7P DELETE Addition THEE 6.1 TITLE DWYER, PATRICK F Robert Zalucki 6.2 NAME NAME 3003 Summer Street 3003 SUMMER STREET STREET ADDRESS 6.3 STREET ADDRESS Stamford, LT 06904 STAMFORD CT 06904 CITY - ST - 719 6.4 CITY-ST-ZIP 14. I do hereby certify that the informatio with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I **being** certify that the plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that previously contains the property of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

ent with an address.

NAME OF SIGNING OFFICER OF DIRECTOR

REQUIRED

SIGNATURE:

information indicated on this annual re Lam an officer or director appears in Block 12 or Blo

FILED

97 MAY -1 PM 1: 25



ACCOUNT NO. : 0721

072100000032

REFERENCE

350542.

5033850

AUTHORIZATION

latucia Type

COST LIMIT

\$ 165.0

ORDER DATE : May 1, 1997

ORDER TIME : 10:07 AM

ORDER NO. : 350542-025

CUSTOMER NO:

5033850

CUSTOMER: Ms. Deborah Kavanangh

Ge Investment Co. 3003 Summer Street

Stamford, CT 06905

ANNUAL REPORT FILING

NAME:

GARDENS BAST RPF REALTY

CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

RECEIVED

97 NAY -1 M 11-54

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TAIL AHASSEE FLORIDA