

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 # **P31681** (0)
1. Corporation Name
GARDENS EAST RPF REALTY CORPORATION

Principal Place of Business
**C/O GEIC
3003 SUMMER STREET, BOX 7900
STAMFORD CT 06904**

Mailing Address
**C/O GEIC R/E TAX DEPT.
P.O. BOX 120073
STAMFORD CT 06912-0073**

FILED

98 JAN 16 PM 2:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 11/02/1990	
4. FEI Number 52-1705358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIOTTI, ROBERT P	1.2 NAME	
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, STEPHEN B	2.2 NAME	
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONE, MICHAEL J	3.2 NAME	
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONE, MICHAEL	4.2 NAME	
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALUCKI, ROBERT	5.2 NAME	
STREET ADDRESS	3003 SUMMER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 667792 8630A

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 150.00

ORDER DATE : January 13, 1998

ORDER TIME : 10:56 AM

ORDER NO. : 667792-005

CUSTOMER NO: 8630A

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

ANNUAL REPORT FILING

NAME: GARDENS EAST RPF REALTY
CORPORATION

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