

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # P94000078037 (6)**

**95 FEB -8 AM 9:02**

1. Corporation Name  
**SEVEN GABLES REALTY, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 26353 P.O. BOX 26353  
TAMPA FL 33630 TAMPA FL 33630

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/02/1994			
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0533110		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
				6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANGELO, CHRISTOPHER 12440 N. DALE MABRY HIGHWAY TAMPA FL 33618				81 Name Angelo, Christopher			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City Tampa			
				85 Zip Code FL 33618			

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Registered Agent (Christopher Angelo) DATE: 2/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D. Chairman of Board	NAME ANGELO, CHRISTOPHER	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 26353	CITY-ST-ZIP TAMPA FL 33630	1.2 NAME Nicholas P. Angelo	
		1.3 STREET ADDRESS 13400 Lomas NE Apt (225)	
		1.4 CITY-ST-ZIP Albuquerque, NM 87112	
TITLE	NAME	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME Nicholas J. Angelo	
		2.3 STREET ADDRESS 6962 Eastbrook Dr.	
		2.4 CITY-ST-ZIP Spring Hill, FL 34606	
TITLE	NAME	3.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME Marie-Madeleine Angelo	
		3.3 STREET ADDRESS 6962 Eastbrook Dr.	
		3.4 CITY-ST-ZIP Spring Hill, FL 34606	
TITLE	NAME	4.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME Christopher Angelo	
		4.3 STREET ADDRESS 10759 Glen Ellen	
		4.4 CITY-ST-ZIP Tampa, FL 33624	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 officer 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 an unaffiliated with an addition.

SIGNATURE: *[Signature]* DATE: 2/1/95 (913) 969-8791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Christopher Angelo