

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000078037 (6)**

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



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

3. Date Incorporated or Qualified: **09/02/1994**  
3a. Date of Last Report: **02/08/1995**

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ANGELO, CHRISTOPHER</b> <b>14751 N DALE MABRY</b> <b>TAMPA FL 33618</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, CHRISTOPHER	2. NAME	
STREET ADDRESS	P.O. BOX 26353	3. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	4. CITY, ST, ZIP	
TITLE	P	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, NICKOLAS	2. NAME	
STREET ADDRESS	13400 LOMAS NE #225	2.3 STREET ADDRESS	
CITY, ST, ZIP	ALBUQUEQE NM	2.4 CITY, ST, ZIP	
TITLE	VP	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, NICKOLAS J.	3.2 NAME	
STREET ADDRESS	6962 EASTBROOK DR	3.3 STREET ADDRESS	
CITY, ST, ZIP	SPRING HILL FL	3.4 CITY, ST, ZIP	
TITLE	T	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, MARIE MADELEIN	4.2 NAME	
STREET ADDRESS	6962 EASTBROOK DR	4.3 STREET ADDRESS	
CITY, ST, ZIP	SPRING HILL FL	4.4 CITY, ST, ZIP	
TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	10709 GLEN ELLEN	5.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	5.4 CITY, ST, ZIP	
TITLE		6. 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 at the receipt 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.

SIGNATURE: \_\_\_\_\_ DATE: **1/15/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Christopher Angelo** 960-0999

CR2E034 (12/95)