


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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 158601 (5) 1. Corporation Name GABLES MANOR, INC.			
Principal Place of Business 2520 - 2530 LEJUNE RD PO BOX 140504 CORAL GABLES FL 33114		Mailing Address 2520 - 2530 LEJUNE RD PO BOX 140504 CORAL GABLES FL 33114	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/22/1949			
4. FEI Number 59-6078201			
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 O'BRIEN, KATHRYN F 410 ANDALUSIA AVE. CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 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			
TITLE	P O'BRIEN, KATHRYN F	<input type="checkbox"/> DELETE	
NAME	1045 CASTLE AVE		
STREET ADDRESS	CORAL GABLES FL		
CITY - ST - ZIP			
TITLE	S TRAMMELL, TALBOT	<input type="checkbox"/> DELETE	
NAME	1419 MERCADO AVE		
STREET ADDRESS	CORAL GABLES FL		
CITY - ST - ZIP			
TITLE	C EDUARDO ROJAS	<input type="checkbox"/> DELETE	
NAME	4540 S.W. 5TH ST.		
STREET ADDRESS	MIAMI FL		
CITY - ST - ZIP			
TITLE	T STEEB, TONI W	<input checked="" type="checkbox"/> DELETE	
NAME	1117 ALFONSO AVE		
STREET ADDRESS	CORAL GABLES FL		
CITY - ST - ZIP			
TITLE	T DONALD SCHMIDT, TREASURER	<input type="checkbox"/> DELETE	
NAME	1551 Murcia Ave.		
STREET ADDRESS	Coral Gables, FL 33134		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *Kathryn F. O'Brien* Feb. 11, 1998 443-1427

CR2E034 (10/97)