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Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 579679 (2)
1. Corporation Name
GIBRALTER INVESTMENTS, INC.



Principal Place of Business: 1599 LAKE MILLS RD, CHULUOTA FL 32766, US
Mailing Address: P.O. BOX 799, CHULUOTA FL 32766, US

3. Date Incorporated or Qualified: 07/20/1978
3a. Date of Last Report: 01/26/1996
4. FEI Number: 58-2409019
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. 1629 E. ALFRED ST.
22. Suite, Apt. #, etc.
23. City & State: TAVARES FLA.
24. Zip: 32778
25. Country: LAKE
26. Mailing Address: 1629 E. ALFRED ST.
27. Suite, Apt. #, etc.
28. City & State: TAVARES FLA.
29. Zip: 32778
30. Country: LAKE

9. Name and Address of Current Registered Agent
BURN, FRANKLYN J
1599 LAKE MILLS RD
CHULUOTA FL 32766

10. Name and Address of New Registered Agent
81. Name: FRANKLYN J. BORN
82. Street Address (P.O. Box Number is Not Acceptable): 1629 E. ALFRED STREET
83. City: TAVARES FL
84. Zip Code: 32778

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: FRANKLYN J. BORN
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: Jan 10, 1997

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BORN, FRANKLYN J. (S)	
STREET ADDRESS	1599 LAKE MILL RD	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BORN, FRANKLYN J.	
1.3 STREET ADDRESS	1629 E. ALFRED STREET	
1.4 CITY-ST-ZIP	TAVARES FLA. 32778	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: FRANKLYN J. BORN
Signature typed or printed name of signing officer or director
DATE: Jan 10, 1997
Daytime Phone #: 352-742-9522

CP2E034 (9/96)