

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -1 PM 12:15

DOCUMENT # 723510 (4)
1. Corporation Name
ADMIRALTY HOUSE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
140 SEAVIEW COURT MARCO ISLAND FL 33937

3. Date Incorporated or Qualified **05/25/1972** 3a. Date of Last Report **03/03/1994**

4. FEI Number **59-1584423** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22. City & State 27. City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FALK, STEVEN M
COLLIER PLACE I, 3003 TAMAMI TR N
SUITE 100
NAPLES FL 33940**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WATERS, DARRELL F
STREET ADDRESS	1512 TIMBERLAKE MANOR PKWY
CITY-ST-ZIP	CHESTERFIELD MO 63017
TITLE	VD
NAME	COLE, ARTHUR
STREET ADDRESS	2715 WEST LUNT AVE
CITY-ST-ZIP	CHICAGO IL 60645
TITLE	SD
NAME	DAO, THOMAS L
STREET ADDRESS	40 STURBRIDGE LN
CITY-ST-ZIP	WILLIAMSVILLE NY 14221
TITLE	TD
NAME	GLASCOCK, ANN
STREET ADDRESS	1700 MAYDALE DR
CITY-ST-ZIP	SILVER SPRING MD 20905
TITLE	D
NAME	GALLO, ANGELO
STREET ADDRESS	431 LIBERTY AVE
CITY-ST-ZIP	BEACH HAVEN NJ 08008
TITLE	D
NAME	MITRAKAS, GREG
STREET ADDRESS	33 LAMBERT CIR
CITY-ST-ZIP	MARLBORO MA 01752

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	GLUCKLER, JOHN
2.4 CITY-ST-ZIP	445 GEORGE STREET RIDGWOOD, NJ 07450
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2104 DUMFRIES TERRACE
4.4 CITY-ST-ZIP	OLNEY, MD 20832
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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janice C. Sweeney
SIGN AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR
JANICE C. SWEENEY, OFFICE MANAGER

1-26-95 (813) 394-7703
Date (Optional) Initials



ADMIRALTY HOUSE, INC.

140 SEAVIEW COURT • MARCO ISLAND • FLORIDA 33937 • 813-394-7703

TITLE: D
NAME: JEAN EGGERT
ADDRESS: 3820 TRINDLE ROAD
CAMP HILL, PA 17011