

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723510 (4)

1. Corporation Name
ADMIRALTY HOUSE, INC.



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

3. Date Incorporated or Qualified: 05/25/1972
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent
**FALK, STEVEN M
COLLIER PLACE I, 3003 TAMiami TR N
SUITE 100
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name: Becker & Poliakoff, P.A. c/o WENDY H. GIRARDIN
82 Street Address (P.O. Box Number is Not Acceptable): COLLIER PLACE I, SUITE 100
83: 3003 TAMiami TRAIL N.
84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Wendy H. Girardin* WENDY H. GIRARDIN, Esq. 2/27/96
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	<input checked="" type="checkbox"/> DELETE
NAME	WATERS, DARRELL F	
STREET ADDRESS	1512 TIMBERLAKE MANOR PKWY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLUCKLER, JOHN	
STREET ADDRESS	445 GEORGE STREET	
CITY-ST-ZIP	RIDGEWOOD NJ	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAO, THOMAS L	
STREET ADDRESS	40 STURBRIDGE LN	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GLASCOCK, ANN	
STREET ADDRESS	2104 DUMFRIES TERRACE	
CITY-ST-ZIP	OLNEY MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLO, ANGELO	
STREET ADDRESS	431 LIBERTY AVE	
CITY-ST-ZIP	BEACH HAVEN NJ 08008	
TITLE	D	<input type="checkbox"/> DELETE
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAO, THOMAS L.	
1.3 STREET ADDRESS	40 STURBRIDGE LANE	
1.4 CITY-ST-ZIP	WILLIAMSVILLE, NY 14221	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EGGERT, JEAN	
3.3 STREET ADDRESS	7144 FALCON'S GLEN BLVD.	
3.4 CITY-ST-ZIP	NAPLES, FL 33962	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARD ROWE	
6.3 STREET ADDRESS	61 STANTON LANE	
6.4 CITY-ST-ZIP	MYSTIC, CT 06355	

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 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 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: *X Ann N Harwich* 2/27/96 394-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)