

FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90051 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723510

1. Corporation Name
ADMIRALTY HOUSE, INC.

Principal Place of Business 140 SEAVIEW COURT MARCO ISLAND FL 34145 US	Mailing Address 140 SEAVIEW COURT MARCO ISLAND FL 33937
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/25/1972
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1584423
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA C/O HER O B C/O WENDY H. GIRARDIN 3003 TAMiami TRAIL N. COLLIER PL #100 NAPLES FL 33940	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, RICHARD E	1.2 NAME	MITRAKAS, GREG
STREET ADDRESS	61 STANTON LN	1.3 STREET ADDRESS	230 SIMPSON ROAD
CITY-ST-ZIP	MYSTIC CT	1.4 CITY-ST-ZIP	MARLBORO, MA 01752
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUCKLER, JOHN	2.2 NAME	
STREET ADDRESS	140 SEAVIEW CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGERT, JEAN	3.2 NAME	
STREET ADDRESS	7144 FALCON'S GLEN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASCOCK, ANN	4.2 NAME	
STREET ADDRESS	2104 DUMFRIES TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLNEY MD 20832	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, ANGELO	5.2 NAME	
STREET ADDRESS	431 LIBERTY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEACH HAVEN NJ 08008	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAO, THOMAS L	6.2 NAME	
STREET ADDRESS	40 STURBRIDGE LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Richard E Rowe* 2/10/99 (941) 394-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)