

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

APPROVED AND FILED

95 MAR -1 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 733211 (7)

1. Corporation Name  
5601 GULF OF MEXICO DRIVE APTS., A CONDOMINIUM, INC.

Principal Place of Business Mailing Address  
C/O WEDEBROCK REAL ESTATE CO 6350 GULF OF MEXICO DR. LONGBOAT KEY FL 34228-8513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1975 3a. Date of Last Report 02/18/1994

4. FEI Number 17-6141854 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

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

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

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

9. Name and Address of Current Registered Agent  
WEDEBROCK AGENCY  
6350 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228-8513

10. Name and Address of Now Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FRANKLIN, B W
STREET ADDRESS	3148 LAUREL GROVE S.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DP
NAME	ZIMMERMAN, JEAN M.
STREET ADDRESS	11717 POTTER RD.
CITY-ST-ZIP	BELLEVUE OH
TITLE	D
NAME	BAUMANN, MICHAEL W
STREET ADDRESS	84 DAVIS BLVD., #508
CITY-ST-ZIP	TAMPA FL
TITLE	DVP
NAME	EISCH, T.J.
STREET ADDRESS	5601 GULF OF MEXICO DR 5
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	DST
NAME	WOODARD, NELLIE
STREET ADDRESS	AMERICAN EMBASSY (STATE)
CITY-ST-ZIP	APO FL
TITLE	D
NAME	LEGLER, KENNEDY III
STREET ADDRESS	120 40TH ST CT NW
CITY-ST-ZIP	BRADENTON FL

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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Jean W. Zimmerman JEAN W. ZIMMERMAN 2/18/95  
DATE: \_\_\_\_\_