

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 4:06

DOCUMENT # **K79731 (1)**
1. Corporation Name
GATOR REALTY AND MANAGEMENT, INC.

Principal Place of Business Mailing Address
GATOR REALTY & MANAGEMENT, INC.
2250 NE 163 ST #6
NORTH MIAMI BCH FL 33160
GATOR REALTY & MANAGEMENT, INC.
2250 NE 163 ST #6
NORTH MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/12/1989** 3a. Date of Last Report **08/17/1994**
4. FEI Number **65-0076991** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
MISKA, DOUGLAS S.
12835 SW 75 AVE
MIAMI FL 33156

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 of Registered Agent and the applicable agent) _____ (Signature of Registered Agent (signature required when changing)) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISKA, DOUGLAS S.	12 NAME	
STREET ADDRESS	2250 N.E. 163RD ST., #6	13 STREET ADDRESS	
CITY, ST, ZIP	NORTH MIAMI BEACH FL	14 CITY, ST, ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISKA, SIMA H.	22 NAME	
STREET ADDRESS	2250 N.E. 163RD ST., #6	23 STREET ADDRESS	
CITY, ST, ZIP	NORTH MIAMI BEACH FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this attachment with my address.

SIGNATURE: *Douglas S. Miska*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS S. MISKA PRESIDENT
3/23/95
305-949-9049
Date Signature