

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gordon B. Norton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:49

DOCUMENT # M43700 (7)
1. Corporation Name
GABLES TRAILER PARK, INC.

Principal Place of Business: **935 S.W. 44 AVE. LOT B-224 MIAMI FL 33134**
Mailing Address: **3501 KEYSER AVE. VILLA #37 HOLLYWOOD FL 33021 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
3a. Mailing Address: **26**
22. State Apt # etc: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country:

3. Date Incorporated or Qualified: **12/22/1986**
3a. Date of Last Report: **01/27/1994**
4. FEI Number: **59-2749644**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under 5-199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KAPLAN, CHERYL-S
150 WEST FLAGLER STREET
SUITE 2200, MUSEM TOWER
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81. Name: **KAPLAN, CHERYL, Esquire**
82. Street Address (P.O. Box Number is Not Acceptable): **500 East Broward Boulevard**
83. Suite: **Suite #1130**
84. City: **Ft. Lauderdale** FL 85. Zip: **33394**

11. Pursuant to the provisions of Sections 607.0902 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 607.0902, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. NAME	PSTD KAPLAN, BURLEIGH
2. STREET ADDRESS	3501 KEYSER AVE., VILLA #37 HOLLYWOOD FL
3. CITY	
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 1)

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
5. STREET ADDRESS		
6. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		
8. STREET ADDRESS		
9. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		
14. STREET ADDRESS		
15. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is substantially furnished and drawn and equally for the exemption stated in Section 607.0902 Florida Statutes. I further certify that the information included on the 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 eligible officer or director of the corporation in the absence of a written resignation to resign the report as required by Chapter 607 Florida Statutes, and that my resignation appears on Block 12 or 13 or 14 or 15 of this attachment with an address.

SIGNATURE: *Burleigh Kaplan*
Burleigh KAPLAN, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 06 1995 (305)966-8484