

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Morahan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M43700** (7)

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**

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

3. Date Incorporated or Qualified: **12/22/1986**
3a. Date of Last Report: **01/17/1995**
4. FEI Number: **59-2749644**
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: **KAPLAN, CHERYL E 500 EAST BROWARD BLVD. SUITE 1130 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent: **81** Name: **Burleigh Kaplan**
82 Street Address (P.O. Box Number is Not Acceptable): **3501 Keyser Avenue**
83 Villa #37
84 City: **Hollywood,** **FL** **85** Zip Code: **33021**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE: **Burleigh Kaplan** DATE: **JAN 16 1996**

12. OFFICERS AND DIRECTORS

11	TITLE	PSTD	<input type="checkbox"/> DELETE
12	NAME	KAPLAN, BURLEIGH	
13	STREET ADDRESS	3501 KEYSER AVE., VILLA #37	
14	CITY-ST-ZIP	HOLLYWOOD FL	
15	TITLE		<input type="checkbox"/> DELETE
16	NAME		
17	STREET ADDRESS		
18	CITY-ST-ZIP		
19	TITLE		<input type="checkbox"/> DELETE
20	NAME		
21	STREET ADDRESS		
22	CITY-ST-ZIP		
23	TITLE		<input type="checkbox"/> DELETE
24	NAME		
25	STREET ADDRESS		
26	CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME		
13	STREET ADDRESS		
14	CITY-ST-ZIP		
15	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	NAME		
17	STREET ADDRESS		
18	CITY-ST-ZIP		
19	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	NAME		
21	STREET ADDRESS		
22	CITY-ST-ZIP		
23	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	NAME		
25	STREET ADDRESS		
26	CITY-ST-ZIP		

14. I do hereby certify that the information supplied on this filing is verifiably 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 filing complies with the requirements of the 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 its trustee 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 changes on an affidavit with an address.

SIGNATURE: **Burleigh Kaplan**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 16 1996 (954) 966-8484

CR2E034 (12/95)