FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058332

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90086 045 ***150.00

HUTEL GABLES, INC.								
	· .							
Principal Place of Business Mailing Address							•••••••	
401 S. MAGNOLIA AVENUE 401 S. MAGNOLIA AVENUE SANFORD FL 32771 SANFORD FL 32771							_	
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 08/19/1993		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21	26				59-3200757	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			•	,		5. Certificate of Status Desired	\$8.75 Additional	
22 27								Required
City & State	e	City & State	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	_ Coun □	itry		8. This corporation owes the current year Intar	ngible □ Yes	□No
24	25	29 3	0			Personal Property Tax. 10. Name and Address of New Registered A		
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered A	gent.	
NOVOCAT MICHAEL A				81				
NOVOSAT, MICHAEL A 401 S. Magnolia Avenue				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
SANFORD FL 32771			-	83	••	<u></u>		
SAIT	FORD PE 3211 I		ľ	03				
			7	84	City	FL	85 Zi	ip Code
office or r agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligation	of Florida, Such change was autions of, Section 607.0505, Florid	nonzed la Statu	by tr tes.	e corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	nanging ment as	its registered registered
	Signature, typed or printed name of registered agent		_	lgent s	agnature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TODS IN 12
12.	OFFICERS AND	DELETE	13.	c			Chang	
TITLE	D NOVOCAT ABOUATS A		1.7 NAX					,
NAME	NOVOSAT, MICHAEL A				DDRESS			
STREET ADDRESS	401 S. MAGNOLIA AVENUE							
CITY-ST-ZIP	SANFORD FL 32771	☐ DELETE	1.4 CIT		ZIP		Chang	ge 🔲 Additio
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NAME					DDRESS			
STREET ADDRESS								
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STREET ADORESS		•						
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TITLE			4. 2 NA			·		٠,
NAME					ADDRESS			` `
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TITLE			5.2 NA		1		- '	_
NAME					NDDRESS			
STREET ADDRESS			5.4 CIT					
CITY-ST-ZIP TITLE		☐ DELETE .	6.1 TITI				Chang	ge Additio
NAME		— ,	6.2 NA	ME				
ι.	ţ				ADDRESS			
STREET ADDRESS	ţ.		1.00					

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 607, 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: