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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078037 (6)

FILED Feb 18 1998 8:00am Secretary of State

SEVEN	GABLES REALTY, INC.				######################################	
Principal Plac	e of Business	Mailing Address			88))) 1 188) 1810) 98)88 1811 1 88 1 1 88 1	
P.O. BOX 26353 P.O. BOX 26353 TAMPA FL 33630 TAMPA FL 33630				DO NOT WRITE II	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
				09/02/1994		
_ 1 _	Place of Business	2a. Mailing Address	ml 0	4. FEI Number	Applied For	
Suite, Apt.	777 Glev Ellew Dr	26 /0777 <i>Gle</i> Suite, Apt. #, etc.	u Elku Ox	65-0533110	Not Applicable	
22	#, 6 (C.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	e	City & State		Election Campaign Financing	\$5.00 May Be	
23 7/201		28 TAMPA IN	37624	,	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible	
24	25 (J)		30 <i>ひ</i> ふ	Personal Property Tax due June 3		
	9. Name and Address of Current	Hegistered Agent	81 Name	10, Name and Address of New Regi	stered Agent	
	IGELO, CHRISTOPHER					
	751 N DALE MABRY		82 Street A	ddress (P.O. Box Number is Not Acceptable) <u>n</u>	
IAI	MPA FL 33618		83	4415 CARROLLWW VILLAGE	r UK	
		4			•	
			84 City -	TAMAA	FL 85 Zip Code 37624	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the above-named o	corporation submits this statement for the pur		
office or r	egittered agent, or both, in the State of	of Florida, Such change was at	thorized by the corpo	oration's board of directors. I hereby accept	the appointment as registered	
		tions of Continu 607 NEGE Flor	ida Pioluton	- · · ·	• • •	
	im familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statutes.	• •	,,	
SIGNATURE	m familiar with, and accept the obligat . Signature, typed or printed name of registered agen		ida Statutes. Registered Agent signature re		DATE	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND	t and little if applicable (NOTE			DATE	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND	t and little if applicable (NOTE	Registered Agent signature re	equired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND DC ANGELO, CHRISTOPHER	t and little if applicable (NOTE DIRECTORS	Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12	
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption talled 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 securate 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 recover of the corporation of the corporation or the recover of the corporation or the recover of the corporation of the corporation

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