


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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000078037 (6)
1. Corporation Name
SEVEN GABLES REALTY, INC.



Principal Place of Business: P.O. BOX 26353 TAMPA FL 33630
Mailing Address: P.O. BOX 26353 TAMPA FL 33630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1994
4. FEI Number: 65-0533110
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 10777 Glen Ellen Dr, Tampa FL 33624
2a. Mailing Address: 10777 Glen Ellen Dr, Tampa FL 33624
23. City & State: Tampa FL 33624
24. Zip: Country: US
25. Country: US
26. City & State: Tampa FL 33624
27. Zip: Country: US
28. City & State: Tampa FL 33624
29. Zip: Country: US
30. Country: US
9. Name and Address of Current Registered Agent: ANGELO, CHRISTOPHER, 14751 N DALE MABRY, TAMPA FL 33618
10. Name and Address of New Registered Agent: 4415 Carrollwood Village Dr, Tampa FL 33624

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC	NAME: ANGELO, CHRISTOPHER STREET ADDRESS: P.O. BOX 26353 CITY-ST-ZIP: TAMPA FL	1.1 TITLE: <input type="checkbox"/> DELETE	1.2 NAME: ANGELO, CHRISTOPHER 1.3 STREET ADDRESS: 4415 Carrollwood Village Dr 1.4 CITY-ST-ZIP: Tampa, FL 33624
TITLE: P	NAME: ANGELO, NICKOLAS STREET ADDRESS: 13400 LOMAS NE #225 CITY-ST-ZIP: ALBUQUEQUE NM	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: ANGELO, NICKOLAS 2.3 STREET ADDRESS: 12504 Newcourt Rd. 2.4 CITY-ST-ZIP: Tampa FL 33624
TITLE: VP	NAME: ANGELO, NICKOLAS J. STREET ADDRESS: 6962 EASTBROOK DR CITY-ST-ZIP: SPRING HILL FL	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: ANGELO, NICKOLAS J. 3.3 STREET ADDRESS: 10777 Glen Ellen Dr 3.4 CITY-ST-ZIP: Tampa FL 33624
TITLE: T	NAME: ANGELO, MARIE MADELEIN STREET ADDRESS: 6962 EASTBROOK DR CITY-ST-ZIP: SPRING HILL FL	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: ANGELO, MARIE MADELEIN 4.3 STREET ADDRESS: 10777 Glen Ellen Dr 4.4 CITY-ST-ZIP: Tampa FL 33624
TITLE: S	NAME: ANGELO, CHRISTOPHER STREET ADDRESS: 10709 GLEN ELLEN CITY-ST-ZIP: TAMPA FL	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: ANGELO, CHRISTOPHER 5.3 STREET ADDRESS: 4415 Carrollwood Village Dr 5.4 CITY-ST-ZIP: Tampa FL 33624
TITLE: <input type="checkbox"/> DELETE	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____

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.

SIGNATURE: _____

CR2E034 (10/97)