

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

FILED
Jan 20, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-20-1999 90009 044 ****150.00

DOCUMENT # P94000078037

1. Corporation Name
SEVEN GABLES REALTY, INC.



Principal Place of Business
**10777 GLEN ELLEN DR
 TAMPA FL 33624
 US**

Mailing Address
**10777 GLEN ELLEN DR
 TAMPA FL 33624
 US**

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ANGELO, CHRISTOPHER
 4415 CARROLLWOOD VILLAGE DR
 TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ANGELO, CHRISTOPHER	
STREET ADDRESS	4415 CARROLLWOOD VILLAGE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANGELO, NICKOLAS	
STREET ADDRESS	12504 NETTLE CREEK RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANGELO, NICKOLAS J	
STREET ADDRESS	10777 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANGELO, MARIE MADELEIN	
STREET ADDRESS	10777 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANGELO, CHRISTOPHER	
STREET ADDRESS	4415 CARROLLWOOD VILLAGE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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, with all other like empowered.

SIGNATURE: _____ DATE: **1/3/99** DAYTIME PHONE #: **(813) 960-0999**

CR2E034 (11/98)