

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006324 (4)

1. Corporation Name

GULF HARBORS REALTY, INC.



Principal Place of Business

Mailing Address

**4843 US 19
NEW PORT RICHEY FL 34652**

**4843 US 19
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MISCHLER, ROBERT
4843 US 10
NEW PORT RICHEY FL 34652**

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

Signature typed or printed name of registered agent and State of Florida

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

**D
NAME MISCHLER, ROBERT
STREET ADDRESS 7125 CORAL REEF DR
CITY-ST-ZIP PORT RICHEY FL 34668**

TITLE DELETE

**D
NAME MISCHLER, ALICE B
STREET ADDRESS 7125 CORAL REEF DR
CITY-ST-ZIP PORT RICHEY FL 34668**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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:

Robert Mischler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(83) 846-0300
DATE: _____

CR2E034 (12/95)