## 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 #

1. Corporation Name

P95000012762 (7)

GARDENS REALTY, INC.

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 MAY 10 PM 3: 02



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Principal Place o	f Business	Mailing Address				i ifimitian iim ibimi fireit marit Ratte f	19:11 <b>92(2) 118(9</b>	***************************************	Breid it At 1881	
3931 RCA BLV PALM BEACH	3931 RCA BLVD. SUI PALM BEACH GARDE									
						3. Date Incorporated or Qualified 02/13/1995	3a. Date o	f Last Re	port	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number	1	L	pplied For	
		26				Q5-0559334	Not Applicable			
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Ant. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	<u> </u>	Oty & State				Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees	
Zip	Country	Ζφ	Cour	itry		8. This corporation has liability for i		under s	199.032,	
•	25	29	[30]			Florida Statutes X Yes				
	9. Name and Address of Cu	urrent Registered Agent		81	Name	10. Name and Address of New R	egistered A	Jent .		
				.						
	TEIN, ALAN			82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
11911 U STE 308	S HWY ONE		ŀ	83						
	PALM BEACH FL 33408							<b>85</b> Zip	Code	
HOMITT	ACM DESCRIPTION			84	City		FL	63  24	, 0000	
12. TiTLE	OFFICER:	S AND DIRECTORS	13.	TLE		ADDITIONS/CHANGES TO OFF		Change	Addition	
TITLE			111	TLE	- I			Change	Addition	
NAME	STAGE, CINDY	404	1 2 NA		200/00					
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NAME			42 N	AME						
STREET ADDRESS			43S	BEET A	ADORESS					
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NAME					ADDRESS					
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CITY - ST - ZIP		DELETE		111F 111F	1-211			Cnange	Addition	
TITLE NAME				IAME						
STREET ADDRESS					ADDRESS					
			640	'11 v . C1	T., 7LP					
	ov certify that the information sur	pplied with this filing is voluntarly	furnished and	does	s not qualify	for the exemption stated in Section 119 ate and that my signature shall have tr	9.07(3)(k), Flo	nda Statu offoct se	ites. I further 4 made unde	

certify that the information indicated options annual report of supplemental annual report is tide and accorded and that my signature shall have the some regular of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and tracpears in Block 12 or Block 13 if changed or on an altachment with an address

SIGNATURE:

NTEO NAME OFFICER OF DIRECTOR

5 8 96 (401) 694-6772