DOCUMENT # P95000096887

DOCUMENT # P95000096887 1. Entity Name GABLE PROPERTIES, INC.					FILED Aug 21, 2000 8:00 am Secretary of State 08-21-2000 90212 020 ***150.00				
Principal Place of Business 159 WINDWARD DR. PALM BEACH GARDENS FL 33418		Mailing Address 159 WINDWARD DR. PALM BEACH GARDENS			ՈննՁնեն				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.									
City & State		City & State		4. 1	El Number 13-38	65041 	No	plied For ot Applicable	
Zip	Country	Zíp	Country	5. (Certificate of Status Desi	red 🗆 🕏	8.75 Add ee Require	litional d	
	6. Name and Address of Curre			7. 1	lame and Address of N	ew Registered A	gent		
RYAN, JAMES H 701 U.S. HWY. ONE SUITE 402				Street Address (P.O. Box Number is Not Acceptable)					
N. I	PALM BEACH FL 33408		City			FL	Zip Code	9	
9. This corpo	Signature, typed or printed name of registered as pration is eligible to satisfy its Intang equirement and elects to do so. ria on back)	ible FILE NOW After SEPTEMBER	OTE: Registered Agent signat VIII FEE IS \$550.1 13, 2000 Min. will able to Departmen	00 be \$750.00	instating) 10. Election Campaig Trust Fund Contri			O May Be	
11.	OFFICERS A	ND DIRECTORS	12.	AC	DITIONS/CHANGES TO	OFFICERS AND I	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lederer, Robert B 159 Windward Dr. Palm Beach Gardens Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition S	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



attachnert 0000 96889

Celebrating Our 20th Year!

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

August 9, 2000

To Whom It May Concern,

I began my employment at Prime Resources Corp. in March of this year. Prime is a "sister" company of Gable Properties. Mr. Lederer has always been very timely and organized submitting bills, forms, and other documents to me to take care of.

I just received this second notice for filing. The second notice includes a late fee of \$400. I called your office yesterday explaining the situation. I do not believe that Mr. Lederer ever received the first filing request. Therefore, based on instructions received by me from your office, I am enclosing this letter along with a check for \$150.

Thank you,

Alffed H. Everson, III

Controller

Prime Resources Corporation

1100 Boston Avenue

Bridgeport, CT 06610

203-331-9100 XT 3124











