SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

# FILED
# Aug 05 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 # **P96000036663 (8)**

1. Corporation Name

**THE GABLES INTERNATIONAL GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 13577 FEATHER SOUND DRIVE STE 300<br>CLEARWATER FL 34622 | 13577 FEATHER SOUND DRIVE STE 300<br>CLEARWATER FL 34622 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1996
4. FEI Number: 59-3380150 — Applied For / Not Applicable
5. Certificate of Status Desired [X] $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. [XX] Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 3352 E. CAMELBACK RD. |
| Suite, Apt #, etc. 22 | Suite, Apt #, etc. 27 |
| City & State 23 | City & State 28 PHOENIX, AZ |
| Zip 24 Country 25 | Zip 29 85018 Country 30 |

9. Name and Address of Current Registered Agent

NEAL, A R
13577 FEATHER SOUND DRIVE STE 300
CLEARWATER FL 34622

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| TITLE | P | [ ] DELETE | 1.1 TITLE [ ] Change [ ] Addition |
| NAME | LAWSON, ROBERT W | | 1.2 NAME |
| STREET ADDRESS | 13577 FEATHER SOUND DRIVE, SUITE 300 | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | CLEARWATER FL | | 1.4 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 2.1 TITLE [ ] Change [ ] Addition |
| NAME | | | 2.2 NAME |
| STREET ADDRESS | | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 3.1 TITLE [ ] Change [ ] Addition |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 4.1 TITLE [ ] Change [ ] Addition |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 5.1 TITLE [ ] Change [ ] Addition |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 6.1 TITLE [ ] Change [ ] Addition |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 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:** ROBERT W. LAWSON PRESIDENT 7/27/98 602-381-8588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/98)