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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000036663**1. Corporation Name

THE GABLES INTERNATIONAL GROUP, INC.

Principal Place of Business Mailing Address						T KONIVERI (IN INITE DIIVI NEVIL ENIV NEVIL NEVEN IIVIE NIITO DI			J o 01100 1141 1891	
13577 FEATHER SOUND DRIVE STE 300		3352 E CAMELBACK RD	3352 E CAMELBACK RD							
CLEARWATER FL 34622		PHOENIX AZ 85018			DO NOT WRITE IN THIS SPACE					
		US		3. Da	3. Date Incorporated or Qualifed					
					04	4/26/1996				
Principal Place of Business 2a. Mailing Address						I Number	, .	A	Applied For	
21		26				9-3380150			lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 			ertifcate of Status Desired	1		Additional	
22		City & State							Required	
City & State		28	F-7 '		I	ection Campaign Financing ust Fund Contribution	g 🗆		May Be to Fees	
Zip Country		Zíp				nis corporation owes the cu	rrent vear Int		10,000	
24 25 29		<u> </u>	30		į	Personal Property Tax.				
	9. Name and Address of Curren				10. Na	ame and Address of New	Registered	Agent		
				81 Name						
NEAL, A R			82	Street A	Address (P.O.	. Box Number is Not Accep	otable)			
13577 FEATHER SOUND DRIVE STE 300				<u></u>	· · · · · · · · · · · · · · · · · · ·					
ULEA	ARWATER FL 34622		83							
			84	City		<u> </u>		85 Zip	Code	
44 6	60-1	0 1007 4500 Ft. July Carrier	No obove			hards this statement for the	FL.	-hanging it	- registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was auth	horized by	the corpor	corporation su ration's board	d of directors. I hereby acc	ept the appoir	ntment as r	egistered	
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.	•						
SIGNATURE	Signature, typed or printed name of registered agen	enistered Aper	or signature re-	quired when reinsta	tatina)	DATE	<u></u>			
12.		ID DIRECTORS	13.	t digraphica in .	<u> </u>	DITIONS/CHANGES TO O		ID DIRECT	ORS IN 12	
TITLE	P DELETE 1.1 TI		1.1 TITLE					☐ Change	Addition	
NAME	LAWSON, ROBERT W		12 NAME	- 1						
STREET ADDRESS 13577 FEATHER SOUND DRIVE		E, SUITE 300	1.3 STREET	ADDRESS					•	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY- \$1	r-zip		·				
TITLE		☐ DELETE	2.1 TITLE					Change	Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET							
CITY-ST-ZIP			2.4 CITY-ST-ZIP				· <u></u>	☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE					L_ C+lainge	☐ Addicon	
NAME			3.2 NAME 3.3 STREET							
STREET ADDRESS			3.4. CITY-S	1						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	1-21				Change	Addition	
NAME		_	4. 2 NAME	1					_	
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME	1					ŧ	
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST	Γ-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET							
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 suppliemental 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, drion an attachment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

u, PREMOUNT

002-361-8588 Daytime Phone # :R2E034 (11/98)