

FILE NOW. FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90247 018 ***150.00

PROFIT.
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000015809

1. Corporation Name
GABLES CAPITAL MANAGEMENT, INC.



Principal Place of Business 8844 SW 72ND ST APT I-154 MIAMI FL 33173 US	Mailing Address 8844 SW 72ND ST APT I-154 MIAMI FL 33173 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1110 Brickell Ave	2a. Mailing Address 26 1110 Brickell Ave
22 Suite, Apt. #, etc. Suite 512	27 Suite, Apt. #, etc. Suite 512
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33131 Country USA	29 Zip 33131 Country USA

3. Date Incorporated or Qualified 02/19/1997	4. FEI Number 65-0729033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SIGEL, PHILIP A
8818 S.W. 72ND STREET
APT. F-136
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MCKENNE, ERIC M
STREET ADDRESS	9815 TORDERC ST
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	EVP <input checked="" type="checkbox"/> DELETE
NAME	BAIN, BRUCE A
STREET ADDRESS	1933 PLAYERS PLACE
CITY-ST-ZIP	N LAUDERDALE FL 33068
TITLE	EVP <input type="checkbox"/> DELETE
NAME	SIGEL, PHILIP A
STREET ADDRESS	8818 SW 72ND ST APT F-136
CITY-ST-ZIP	MIAMI FL 33173
TITLE	EVP <input type="checkbox"/> DELETE
NAME	NERWIRTH, JUDITH E
STREET ADDRESS	19745 NE 24TH COURT
CITY-ST-ZIP	N MIAMI FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: _____ **REQUIRED** **4/15/99** **305/374-9121**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)