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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90171 029 \*\*\*150.00

DOCUMENT #  1. Corporation Name	P97000042005
GABRIEL REALTY, IN	C.

Principal Place of Business

5327-A W EHRLICH RD

Mailing Address

5327-A W EHRLICH RD



TAMPA FL 3362	23	TAMPA PE 33023		DO NOT WRITE IN THIS SPACE					
					<ol> <li>Date Incorporated or Qualifed 05/08/1997</li> </ol>				
2. Principal P	lace of Business	2a. Mailing Address	- 20	30	4. FEI Number		Арр	lied For	
21 141a	13 CYPRESS RU	N26 P.O.BOX 27	388	<i>S</i>	59-3447229		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Ac Fee Req		
City & State		City & State 7AMPA	FL		Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip 24 336	24 Country A	Zip 29 33 688 30	Country	s A	This corporation owes the cur     Personal Property Tax.	rent year In	tangible Yes	No	
<u> </u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered	Agent		
			81	Name					
	NAL, Y. S.		82	Street Add	dress (P.O. Box Number is Not Accept	able)			
	7-A W EHRLICH RD							·——·	
_ <b>}</b> -TAM	IPA FL 33625		83		-				
			-	C:4.			85 Zip C	ode	
			84	City		FL	_  63  2100	oue	
agent. I a	m familiar with, and accept the obligation of registered agen	tions of, Section 607.0505, Florida	a Statutes		ired when reinstating)	DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	KURIAL, Y. S.	·	1.2 NAME						
STREET ADDRESS	COOT A MY FURNIOUS DR			TADDRESS (	14123 CYPRES	SRI	4N		
	TAMPA FL 33625		1.4 CITY-S	T. 7IP 7	14123 CYPRES TAMPA, FL 33	624			
CITY-ST-ZIP	TAMI A 1 E 30023	☐ DELETE	2.1 TITLE	1 2"			Change	Addition	
NAME		_	2.2 NAME						
				TADDRESS					
STREET ADDRESS		j	2. 4 CITY-5		·	;			
TITLE		☐ DÉLETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME			. مست		•	
STREET ADDRESS		ľ	3 3 STREE	T ADDRESS					
CITY-ST-ZIP		ļ	3.4. C/TY-5	1					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME		i	4. 2 NAME	- 1					
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME		,				
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP	}		5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			_ <del>_</del>	Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS		-			
CITY-ST-ZIP	1	!	6.4 CITY-S	T-ZIP					

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:

CR2E034 (11/98)