

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

1082

PROFIT CORPORATION ANNUAL REPORT 1996-1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR 11 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S79793**

1. Corporation Name

Gavish Realty, Inc.

Principal Place of Business

Mailing Address

Brooksville

**880 North Broad Street
Brooksville, Florida 34601**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 880 North Broad Street	26 880 North Broad Street	Sept 12, 1991	1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		59-3101056	<input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Brooksville, FL 34601	Brooksville, FL 34601	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
34601	34601		
25 Country	30 Country		
USA	USA		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOB R. GAVISH, OCIM, GRI
CENTURY 21 Gavish Realty
880 North Broad Street
Brooksville, Florida 34601**

81 Name	Same
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

(Signature of person or persons, if registered agent and fee is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	300002142253--7
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	-04/14/97--01094--012
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	***365.00 <input type="checkbox"/> ***365.00
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 included 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.2.97 352-7992656

CR2E034 (9/96)

□ 880 N. Broad Street
Brooksville, FL 34601
Office: 352-799-2856
Fax: 352-799-4808



2 of 2
□ 4098 Commercial Way
Spring Hill, FL 34606
Office: 352-683-9999
Fax: 352-686-2111

April 1, 1997

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

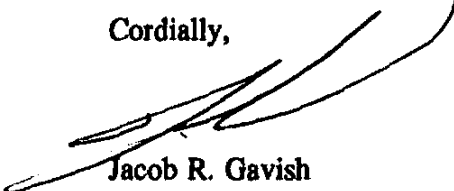
TO WHOM IT MAY CONCERN:

I am requesting that you waive the reactivation fee due to the fact that I have not been at 503 East Jefferson Street, Brooksville, Florida for over two (2) years.

I do not receive mail at that address and was not aware that the annual fee had not been paid.

I thank you for your consideration in this matter.

Cordially,



Jacob R. Gavish
Certified Commercial Investment Member (CCIM)
Graduate Realtor Institute (GRI)
Realtor

JRG:mb
enclosure



Individual Member

Each Office is Independently Owned And Operated

