

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT -7 PM 3:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000019818 (9)

1. Corporation Name
 IZZY'S OF GOLDEN GATE, INC.

Principal Place of Business
 1725 COUNTY ROAD 951
 NAPLES FL 33999

Mailing Address
 1725 COUNTY ROAD 951
 NAPLES FL 33999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
 03/04/1996

3a. Date of Last Report

4. FEI Number
 65-0661395

Applied For
 Not Applicable

5. Certificate of Status Desired

\$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. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BERNARD
 1450 AIRPORT ROAD NORTH
 UNIT D
 NAPLES FL 33942

81 Name SMITH BERNARD

82 Street Address (P.O. Box Number is Not Acceptable)
 1725 CR 951 #101

83

84 City NAPLES, FL 34116 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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME DELETE

PD SMITH, BERNARD
 1450 AIRPORT ROAD NORTH, UNIT D
 NAPLES FL 33942

TITLE NAME DELETE

VTD SMITH, EARL JR.
 1450 AIRPORT ROAD NORTH, UNIT D
 NAPLES FL 33942

TITLE NAME DELETE

S SMITH, ELLEN
 1450 AIRPORT ROAD NORTH, UNIT D
 NAPLES FL 33942

TITLE NAME DELETE

TITLE NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME DELETE

TITLE NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME DELETE

TITLE NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS 1725 CR 951 #101
 1.4 CITY - ST - ZIP NAPLES, FL 34116

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS 1725 CR 951 #101
 2.4 CITY - ST - ZIP NAPLES, FL 34116

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS 1725 CR 951 #101
 3.4 CITY - ST - ZIP NAPLES, FL 34116

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS 700002321357--5
 -10/15/97--01099--010
 4.4 CITY - ST - ZIP ****550.00 ****550.00

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. I do 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: Bernard Smith 7-31-97 352-6545

CR2E034 (4/97)