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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 29 1997 8:00am

Secretary of State

DOCUMENT # K19784

(3)

GUARANTEED REAL ESTATE SERVICES, INC.

Principal Place of Business Mailing Address							dear bidii dib		
9701 TAMIAMI NAPLES FL 991 US		3701 TAMIAMI TRAIL NO NAPLES FL 34103-3708 US							
			THE PERSON NAMED IN COLUMN			3. Date Incorporated or Qualified 03/30/1988		of Last Fi 1/1996	leporl
	Place of Business	2a. Mailing Address				4. FEI Number		<u> </u>	optied For
Sulte, Apt.	#. etc.	26 Suite Apl # etc	Suite, Apl. #, etc.			65-0037632			ot Applicable
22		η ·	27			5. Certificate of Status Desired	X		Additional equired
City & Stat	le	City & State				6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	
23		28	28			Trust Fund Contribution			to Fees
Zip 34	Country	Zip	Co	untry		8. This corporation has liability for	intangible te	ax under s	. 199.032,
24 09	25	29	30				Yes 🔀		
600	9, Name and Address of Curr	ent Registered Agent	-	81	Nama	10. Name and Address of New Re	gistered A	jent	
	OWLS, PAUL E.			6	Name				
	I TAMIAMI TRAIL NORTH		B2 Street Ad			Address (P.O. Box Number is Not Acceptat	ole)		
NAP	LES FL 03940			83				 -	
				84	City		FL	85 Zip (105
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Sta	tutes, the a	pove L	e-named o	corporation submits this statement for the p	virnoso of c	papaina	c registered
OHICE OF I	registered agent, or both, in the Sta im familiar with, and accept the obt	ile di Florida. Such change wa	is aumorize	a by	r ine corp	oration's board of directors. I hereby acce	ot the appoi	ntment as	registered
SIGNATURE	(?	I (- Uhm	1 101108 0.8	(O)C		4	122/9	7	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (N	IO11 : Registere	d Age	nt signature i	required when reinstating)	DATE		
12.		ND DIRECTORS	18.			ADDITIONS/CHANGES TO OFFI		<u> </u>	RS IN 12
TITLE	PTD	☐ DELETE	DECETE 1.1 TO					⊻ Change	☐ Addition
NAME	SPROWLS, PAUL E.		1,2 N	1.2 NAME					
STREET ADDRESS	ALADI CO CI			1.3 STREET ADDRESS				200	_
CITY-ST-ZIP TITLE	VD	1.4 CI DELETE 2.1 TI			1-7IP	34105			
NAME	OYER, STEVEN D.			2.1 TITLE		,	L	⊻ Change	Addition
STREET ADDRESS	720 ROCKPORT CT.			2.2 NAME 2.3 STREET AUDRESS					
CITY-ST-ZIP	MARCO ISLANDS FL				· i	34145			
TITLE	VSD DELETE			7117-3 TLE	ST - 71P			Change	Addition
NAME	WARNKEN, GERALD F.			AME	1		_	_ ondingo	7,00,000
STREET ADDRESS	930 NOTTINGHAM DR				ADDRESS				
CITY-ST-ZIP	NAPLES FL				ST-ZIP			3410	9
TITLE	<u>'</u>	DELETE	4.1 1					Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	REET	ADDRESS				,
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , 		4.4 C	TY-S	1 - 21P				
TITLE		L DELETE	5.1 1	1LE				Change	Addition
NAME			5.2 N						
STREET ADDRESS	19 W. C. C.				ADDRESS				
CITY-ST-ZIP ,	Hillian in the same	DELETE		TY·S	I-ZIP			T Cherry	Lagrange:
NAME 3	A Park Comment	FT OFFEE	6.171		-		L	_ Change	Addition
STREET ADDRESS			6.2 N		ADDOLOG				
CITY-ST-ZIP					ADDRESS				
14. I do herel	by certify that the information suppli	ied with this filing does not au	alify for the	IY-\$	motion sta	aled in Section 119.07(3)(i), Florida Statute	s. I further o	ertify that	the
intormatio	in indicated on this annual report or	' supplemental annual report is or the receiver or trustee emoi	s true and a owered to a	3CCU	ırate and t	that my signature shall have the same lega eport as required by Chapter 607, Florida S	Leffect as if	made una	dar asth that