## 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

**DOCUMENT # K98445** 

(5)

A GOLDEN GATE RENT-ALL & SALES INC.

Mailing Address Principal Place of Business 1680 40TH TERRACE SW 1660 40TH TERRACE SW NAPLES FL 33999-6012 NAPLES FL 34116-6012 3a. Date of Last Report 3. Date Incorporated or Qualified 06/26/1989 05/01/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0140750 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No Country Zip 29 30 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COLETTA, JAMES N 3460 17TH AVE SW Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 33964 83 84 Zip Code City 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 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. Sinuation, Typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE THE COLETTA, JAMES 1.2 NAME NAME 3460 17TH AVE SW 1.3 STREET ADORESS STREET ADDRESS. NAPLES FL 1.4 City-ST-ZiP CHY-\$1-24P Change Addition DELETE THE 2.1 TITLE COLETTA, JAMES 2.2 NAME NAME 3480 17TH AVE SW STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 2. 4 CiTY-ST-ZiP CITY-S!-ZIP Change Addition DELETE 3.1 TITLE TRUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST ZIP Addition DELETE Change 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP \_\_\_ Change Addition DELETE 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 City-St-ZiP

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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or of an attachment with an address.

**61 TITLE** 

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

DUTY SI-Z-P

STREET ACIDRESS

TITLE

NAME

DELETE

**FILED** 

May 08 1997 8:00am

Secretary of State

Daytime Priorie #

Change

Addition

(96/6)

**CR2E034**