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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000009091 (9)

1. Corporation Name

FIFTH AND GOODLETTE RENTAL INCOME, INC.

Principal Place of Business

Mailing Address

3936 TAMiami TRAIL NORTH  
SUITE D  
NAPLES FL 33940  
US

3936 TAMiami TRAIL NORTH  
SUITE D  
NAPLES FL 34103-3506  
US



3. Date Incorporated or Qualified

12/03/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0383929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOGEL, R M  
3936 TAMiami TRAIL NORTH  
SUITE B  
NAPLES FL 33940

81 Name

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME VOGEL, R M  
STREET ADDRESS 3936 TAMiami TRAIL NORTH, SUITE B  
CITY - ST - ZIP NAPLES FL 33940

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE DV  
NAME CARPENTER, THOMAS K  
STREET ADDRESS 15500 WAYZATA BLVD., SUITE 1020 - 1000 BDG  
CITY - ST - ZIP WAYZATA MN

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE D  
NAME CARPENTER, JOSEPHINE B  
STREET ADDRESS 15500 WAYZATA BLVD., SUITE 1020 - 1000 BDG  
CITY - ST - ZIP WAYZATA MN 55391

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D  
NAME VOGEL, PATRICIA A  
STREET ADDRESS 2030 GORDON DR.  
CITY - ST - ZIP NAPLES FL 33940

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE SD  
NAME HASTY, ANN  
STREET ADDRESS 3300 BINNACLE DR., #202  
CITY - ST - ZIP NAPLES FL 33940

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.M. VOGEL, PRES.

3/11/97

Daytime Phone #

CR2E034 (9/96)