

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000009091 (9)

1. Corporation Name

FIFTH AND GOODLETTE RENTAL INCOME, INC.



Principal Place of Business 3936 TAMiami TRAIL NORTH SUITE D NAPLES FL 33940 US	Mailing Address 3936 TAMiami TRAIL NORTH SUITE D NAPLES FL 33940 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0383929	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	VOGEL, R M	1.2 NAME	
STREET ADDRESS	3936 TAMiami TRAIL NORTH, SUITE B	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	CARPENTER, THOMAS K	2.2 NAME	
STREET ADDRESS	15500 WAYZATA BLVD., SUITE 1020 - 1000 BDG	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CARPENTER, JOSEPHINE B	3.2 NAME	
STREET ADDRESS	15500 WAYZATA BLVD., SUITE 1020 - 1000 BDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN 55391	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	VOGEL, PATRICIA A	4.2 NAME	
STREET ADDRESS	2030 GORDON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	HASTY, ANN	5.2 NAME	
STREET ADDRESS	3300 BINNACLE DR., #202	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

941-262-2164

CR2E034 (10/97)