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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000040279 (0)**

1. Corporation Name
GOLDEN GATE VISITORS INFORMATION CENTER, INC.

Principal Place of Business	Mailing Address
8801 DAVIS BLVD NAPLES FL 33942	8801 DAVIS BLVD NAPLES FL 33942

3. Date Incorporated or Qualified: 05/28/1993
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 3847 Tollgate Blvd.
Suite, Apt. #, etc. 22
City & State 23 Naples, FL
Zip 24 34114 Country 25

2a. Mailing Address
26 3847 Tollgate Blvd.
Suite, Apt. #, etc. 27
City & State 28 Naples, FL
Zip 29 34114 Country 30

4. FEI Number: 65-0423143 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, JAMES C JR.
2121 COUNTY ROAD 951, SUITE 101
~~4795 COUNTY ROAD 951 STE. 106 PINE PLAZA~~
GOLDEN GATE FL ~~33999~~ 34116

10. Name and Address of New Registered Agent

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: _____ 4/10/97
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	P	☑ DELETE	1.1 TITLE	T	☐ Change ☐ Addition
NAME	TUFF, RUSSELL		1.2 NAME	Bill Arthur	
STREET ADDRESS	2301 COUNTY ROAD 951 STE. C		1.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN GATE FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	BATES, WESLEY		2.2 NAME		
STREET ADDRESS	4660 1ST AVENUE SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN GATE FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	FIALA, DONNA		3.2 NAME	George Drobinski	
STREET ADDRESS	P.O. BOX 413029		3.3 STREET ADDRESS	1755 41st Terrace SW	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34116	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	ASWALL, PATRICIA		4.2 NAME	Doug Holland	
STREET ADDRESS	4795 GOLDEN GATE PKWY		4.3 STREET ADDRESS	2201 CR 951	
CITY-ST-ZIP	GOLDEN GATE FL		4.4 CITY-ST-ZIP	Naples, FL 34116	
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	LEE, SUSAN		5.2 NAME	Susan Agnelli	
STREET ADDRESS	4724-A GOLDEN GATE PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN GATE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	P	☑ Change ☐ Addition
NAME	ALEC, ALEXANDRE		6.2 NAME		
STREET ADDRESS	4017 23RD AVE. S.W.		6.3 STREET ADDRESS	2215 CR 951	
CITY-ST-ZIP	GOLDEN GATE FL		6.4 CITY-ST-ZIP	Golden Gate, FL 34116	

CR2E034 (9/96)

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: _____ April 3, 97 941-455-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALEC S. ALEXANDRE

0525035