


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

FILED
Apr 30 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 # P93000040279 (0)
1. Corporation Name
GOLDEN GATE VISITORS INFORMATION CENTER, INC.



Principal Place of Business 3847 TOLLGATE BLVD NAPLES FL 34114 US	Mailing Address 3847 TOLLGATE BLVD NAPLES FL 34114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1993	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 65-0423143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent STEWART, JAMES C JR. 2121 COUNTY ROAD 951, SUITE 101 1725 COUNTY ROAD 951 STE. 106 PINE PLAZA GOLDEN GATE FL 33909		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 607.050 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:  DATE: 4/21/98
(NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE		Change <input type="checkbox"/> Addition	
NAME BILL, ARTHUR		1.2 NAME	
STREET ADDRESS 2301 COUNTY ROAD 951 STE. C		1.3 STREET ADDRESS	
CITY-ST-ZIP GOLDEN GATE FL		1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.2 NAME	
NAME BATES, WESLEY		2.3 STREET ADDRESS	
STREET ADDRESS 4000 1ST AVENUE SW		2.4 CITY-ST-ZIP	
CITY-ST-ZIP GOLDEN GATE FL		3.1 TITLE <input type="checkbox"/> DELETE	
3.2 NAME		3.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.2 NAME	
NAME HOLLAND, DOUG		4.3 STREET ADDRESS	
STREET ADDRESS 2201 CR 951		4.4 CITY-ST-ZIP	
CITY-ST-ZIP NAPLES FL		5.1 TITLE <input type="checkbox"/> DELETE	
5.2 NAME		5.3 STREET ADDRESS	
CITY-ST-ZIP GOLDEN GATE FL		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.2 NAME	
NAME ALEC, ALEXANDRE		6.3 STREET ADDRESS	
STREET ADDRESS 2215 CR 951		6.4 CITY-ST-ZIP	
CITY-ST-ZIP GOLDEN GATE FL		Change <input type="checkbox"/> Addition	

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:  DATE: 4/21/98 (441) 455-3055

CR2E034 (10/97)