

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

FILED
Apr 27 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 # P93000066075 (1)

1. Corporation Name

LOVE NAPLES RENTALS & SALES, INC.

Principal Place of Business

Mailing Address

6706 LONE OAK BLVD.
NAPLES FL 34109
US

2335 TAMiami TRAIL N.
STE. 409
NAPLES FL 34103
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/17/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0491092	
24 34109		25 Country		Applied For	
26 34103		27 Country		Not Applicable	
28 34103		29 34103		5. Certificate of Status Desired	
30 34103		31 34103		8.75 Additional Fee Required	
32 34103		33 34103		6. Election Campaign Financing	
34 34103		35 34103		Trust Fund Contribution	
36 34103		37 34103		5.00 May Be Added to Fees	
38 34103		39 34103		7. This corporation owes or has paid the current year Intangible	
40 34103		41 34103		Personal Property Tax due June 30.	
42 34103		43 34103		Yes No	

9. Name and Address of Current Registered Agent

BASS, RAYMOND L JR
2335 TAMiami TRAIL NORTH
STE. 409
NAPLES FL 34103

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 34103

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	PD	1.1 TITLE	
NAME	GNIPP, THOMAS A.	1.2 NAME	
STREET ADDRESS	6706 LONE OAK BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	VPST	2.1 TITLE	
NAME	MCCASLIN, EILEEN	2.2 NAME	
STREET ADDRESS	700 HICKORY RD 514	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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:

E. Bass *M. McCaslin*

4/17/98

CR2E034 (10/97)