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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000013668

1. Corpora ion Name

GOLDEN GATE TROPHY CENTER, INC.

GOLDE												
Principal Place	of Business	Mailing Address	Mailing Address				ABIIBOLITE IBIBI BIIII BAIII B		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***********	
2215 COUNTY RI NAPLES FL (1411) US		2215 COUNTY 951 NAPLES FL 34116 US				DO NOT WE	RITE IN THIS	SPACE				
uş		00					ricorporated or Qualifed 7/1995	j				
2. Principa Pla	ace of Business	2a. Mailing Address					4. FEI Number			Apr lied For		
21		26				65-0	65-0565831			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifo	5. Certificate of Status Desired Fee Required						
City & State		City & State					6. Election Campaign Financing \$5.00 May Be					
23		Zip Country				Trust Fund Contribution Added to Fees						
Zip	Cour try	Zip		ntry			orporation owes the cu	rrent year in	angible Yes		⊒No	
24	25	29	30				al Property Tax. and Address of New	Ponietore d		•		
	9. Name and Address of Curre	nt Registered Agent		81	Name	IU. Name	and Address of New	Registere	Agein			
AL EY	ANDRE, GEORGIA L			•	1401110							
2215	COUNTY RD 951			82	Street A	Idress (P.O. Bo	ess (P.O. Bo) Number is Not Acceptable)					
NAPL	ES FL 34116			83								
				84	City			FL	85	Zip C	ode	
office or re agent. I an	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the obligations are of registered agents.	of Florida. Such change was ons of, Section 607.0505	vas authorizēd 5, Florida Stat	tes.	tne corpor	ation's board of		DATE	intment	as reç		
12.		NI) DIRECTORS	13.				ONS/CHANGES TO O	FFICERS AF	ND DIRE	СТО	RS IN 12	
	P	☐ DELET	E 1.1 TI	TLE.					☐ Ch	ange	Addition	
	ALEXANDRE, GEORGIA L		1.2 N	ME								
	2215 COUNTY RD 951		1.3 \$	REET	ADDRESS							
1	NAPLES FL		1.4 C	TY-SI	T-ZIP							
TITLE		☐ DELET	E 2.1 TI	TLE					Cha	ange	☐ Addition	
NAME			2.2 N	ME								
STREET ADDRESS			2.3 S	REET	ADDRESS							
CITY-ST-ZIP			2.40	ITY-S	T-ZIP		<del>_</del>					
TITLE		☐ DELET	TE 3.1 Τ	TLE					Ch:	ange	☐ Addition	
NAME			3.2 N	4ME								
STREET ADOR! SS			3.3 S	rreet	ADDRESS							
CITY-ST-ZIP				ITY-S	T-ZIP		<del></del>					
TITLE		☐ DELET	E 41TI	TLE					☐ Ch	ange	☐ Addition	
NAME			4. 2 N	AME								
STREET ADDRESS			4.3 S	TREET	ADDRESS							
CITY-ST-ZIP				TY-S	T-ZIP						FT Addition	
TITLE		☐ DELET							Ch	ange	☐ Addition	
NAME			5.2 N									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				TY-S	T-ZIP						Addition	
TITLE		☐ DELE1							□ Ch	ange	☐ Addition	
NAME			6.2 N									
STORET ADDRESS			63S	IREET	TADDRESS		1					

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 pertify 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 chapters, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90112 035 \*\*\*150.00