

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 12 1997 8:00am
Secretary of State

DOCUMENT # P95000054214 (8)

1. Corporation Name

GOLD PLATED EMBLEMS & AUTO ACCESSORIES, INC.



Principal Place of Business

Mailing Address

2025 J & C BLVD. STE 8
NAPLES FL 33942

2025 J & C BLVD. STE 8
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip 34109

Country

Zip 34109

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/13/1995

3a. Date of Last Report

06/17/1996

4. FEI Number

65-0593002

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

10. Name and Address of New Registered Agent

HAMMIE, GERALD L
2025 J & C BLVD. STE 8
NAPLES FL 33942

81 Name

INGA GORSYEVAYA

82 Street Address (P.O. Box Number is Not Acceptable)

2025 J & C BLVD

83 Suite #8

84 City

NAPLES, FL

FL

85 Zip Code

34109

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 INGA GORSYEVAYA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ~~DELETE~~

NAME HAMMIE, GERALD L
STREET ADDRESS 2025 J & C BLVD. STE 8
CITY-ST-ZIP NAPLES FL 33942

TITLE V ☐ DELETE

NAME GOVSYEVA, INGA
STREET ADDRESS 2025 J & C BLVD. STE 8
CITY-ST-ZIP NAPLES FL 33942

TITLE TS ☐ DELETE

NAME DAITER, YURI
STREET ADDRESS 2025 J & C BLVD. STE 8
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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: INGA GORSYEVAYA, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97 941-592-6466

Date Daytime Phone #

CR2E034 (9/96)