

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90148 021 ***158.75

DOCUMENT # P98000090991 ✓

1. Corporation Name

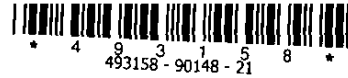
CITYGATE COMMERCIAL, INC

Principal Place of Business

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 34119

Mailing Address

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 34119



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/98

4. FEI Number

59-3554973

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 4500 EXECUTIVE DRIVE

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 NAPLES FL

Zip

24 34119 25 USA

2a. Mailing Address

26 4500 EXECUTIVE DRIVE

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 NAPLES FL

Zip

29 34119 30 USA

9. Name and Address of Current Registered Agent

NAPLES - LAWDOCK INC
4500 TAMiami TRAIL NORTH #300
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

NAPLES-LAWDOCK INC (SAME)

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

4501 TAMiami TRAIL NORTH #300

83 SUITE 300

84 City

NAPLES

FL

85 Zip Code

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PRESIDENT / DIRECTOR

ROBERT S. HAROY

1041 AIRPORT ROAD NORTH #32

NAPLES FL 34109

TREASURER

JANET KELLY

4500 EXECUTIVE DRIVE #300

NAPLES FL 34119

SECRETARY

JANET KELLY

4500 EXECUTIVE DRIVE #300

NAPLES FL 34119

VICE PRESIDENT

R. PAUL HAROY

4500 EXECUTIVE DRIVE #300

NAPLES FL 34119

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ 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, with all other like empowered.

SIGNATURE:

J. KELLY JANET KELLY Treas. 4/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 597-9061

CR2E034 (11/98)