

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:54

DOCUMENT # **714129** (4)

1. Corporation Name

GATEWAY MALL MERCHANTS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **7885 GATEWAY MALL ST PETERSBURG FL 33702**
Mailing Address: **7885 GATEWAY MALL ST PETERSBURG FL 33702**

3. Date Incorporated or Qualified: **02/20/1968**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1684242**
Applied For:
Not Applicable:

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**NASH, MARTIN P
7331 CORAL WAY
SUITE 250
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JASTREM, PAUL
STREET ADDRESS	7885 GATEWAY MALL
CITY - ST - ZIP	ST. PETERSBURG FL 33702
TITLE	VD
NAME	ATKINSON, SEAN
STREET ADDRESS	7885 GATEWAY MALL
CITY - ST - ZIP	ST. PETERSBURG FL 33702
TITLE	STD
NAME	COLCORD, JUDY
STREET ADDRESS	7885 GATEWAY MALL
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TD
NAME	COLCORD, JUDY
STREET ADDRESS	7885 GATEWAY MALL
CITY - ST - ZIP	ST. PETERSBURG FL 33702
TITLE	B
NAME	HOWARD, JIM
STREET ADDRESS	7885 GATEWAY MALL
CITY - ST - ZIP	ST. PETERSBURG FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	P
1 3 STREET ADDRESS	Diane Spacciante
1 4 CITY - ST - ZIP	7981 9th ST N St Petersburg FL 33702
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	VD - JOHN NORTON
2 3 STREET ADDRESS	7765 9TH ST N
2 4 CITY - ST - ZIP	St Petersburg FL 33702
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim Howard Jim Howard 4-6-95 (813) 577-6415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #