SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 714129 (4)

1. Corporation Name
GATEWAY MALL MERCHANTS ASSOCIATION, INC.

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: 04/12/1995
4. FEI Number: 59-1684242 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 7885 9TH ST NORTH
22 Suite, Apt. #, etc.
23 City & State: ST PETERSBURG FL
24 Zip: 33702
25 Country: PINELLAS

2a. Mailing Address
26 7331 CORAL WAY
27 Suite, Apt. #, etc.: SUITE 250
28 City & State: MIAMI FL
29 Zip: 33166
30 Country: DADE

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

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: MARTIN P. NASH
82 Street Address (P.O. Box Number is Not Acceptable): 7331 CORAL SUITE 250
83
84 City: MIAMI FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE xx
NAME	SPACCIANTE, DIANE	
STREET ADDRESS	7981 9TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	☐ DELETE xx
NAME	NORTON, JOHN	
STREET ADDRESS	7765 9TH STREET N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	☐ DELETE
NAME	COLCORD, JUDY	
STREET ADDRESS	7885 GATEWAY MALL	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	☐ DELETE
NAME	COLCORD, JUDY	
STREET ADDRESS	7885 GATEWAY MALL	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	B	☐ DELETE
NAME	HOWARD, JIM	
STREET ADDRESS	7885 GATEWAY MALL	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	p/d	☐ Change xx Addition
1.2 NAME	SHIRLEY BELL	
1.3 STREET ADDRESS	8000 9TH ST N	
1.4 CITY-ST-ZIP	ST PETERSBURG FL 33702	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	700001905417	☐ Change ☐ Addition
5.2 NAME	-07/26/96--01042--008	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	D BRIAN VIRTS	7/26/96
6.3 STREET ADDRESS	7701 9TH ST N	
6.4 CITY-ST-ZIP	ST PETERSBURG FL 33702	

CR2E037 (3/96)

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 119.07(3)(k), 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: Shirley P. Bell, Pres 6/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 813-577-6446

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