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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718589 (5)

1. Corporation Name

GATEWAY SQUARE NO.6 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RAMPART PROPERTIES, INC.
10033 9TH ST. N. 2ND FLOOR
ST PETERSBURG FL 33716
USRAMPART PROPERTIES, INC.
10033 9TH ST. N. 2ND FLOOR
ST PETERSBURG FL 33716-3804
US3. Date Incorporated or Qualified
05/26/19703a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1379910Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSBURN, BILLY K.
10033 9TH ST. N
SECOND FLOOR
ST PETERSBURG FL 33716

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME KEMP, DOROTHY
STREET ADDRESS 8101 11TH STREET NORTH #127
CITY-ST-ZIP ST. PETERSBURG FL1.1 TITLE SD
1.2 NAME Kemp, Dorothy
1.3 STREET ADDRESS 10033 9th Street North
1.4 CITY-ST-ZIP St. Petersburg, FLTITLE D
NAME FLINT, TOM
STREET ADDRESS 8100 11TH ST. N #119
CITY-ST-ZIP ST PETERSBURG, FL 000002.1 TITLE D
2.2 NAME Violet, Shannon
2.3 STREET ADDRESS 10033 9th Street North
2.4 CITY-ST-ZIP St. Petersburg, FLTITLE PD
NAME WILSON, MONTINE
STREET ADDRESS 8101 11 ST N 120
CITY-ST-ZIP ST PETERSBURG FL3.1 TITLE PD
3.2 NAME Wilson, Montine
3.3 STREET ADDRESS 10033 9th Street North
3.4 CITY-ST-ZIP St. Petersburg, FLTITLE TD
NAME CULVER, FRANCES
STREET ADDRESS 8101 11 N 220
CITY-ST-ZIP ST PETERSBURG FL4.1 TITLE TD
4.2 NAME Culver, Frances
4.3 STREET ADDRESS 10033 9th Street North
4.4 CITY-ST-ZIP St. Petersburg, FLTITLE VD
NAME WORONOWSKI, MIKE
STREET ADDRESS 8101 11TH ST. N #225
CITY-ST-ZIP ST PETERSBURG FL5.1 TITLE VD
5.2 NAME Thompson, Carl
5.3 STREET ADDRESS 10033 9th Street North
5.4 CITY-ST-ZIP St. Petersburg, FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Mortham* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051206

CR2E037 (9/96)