

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K95549** (7)

1. Corporation Name

**GATEWAY COMMUNICATIONS SERVICES, INC.**



Principal Place of Business

11691 GATEWAY BLVD.  
FT. MYERS FL 33913

Mailing Address

801 LAUREL OAK DR  
SUITE 500  
NAPLES FL 33963  
US

3. Date Incorporated or Qualified  
**06/15/1989**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business  
21 **801 Laurel Oak Drive**

2a. Mailing Address

26 **Suite 500**

22 **Suite 500**

27 Suite, Apt. #, etc.

23 **Naples, FL**

28 City & State

24 **33963**

25 **USA**

29 Zip

30 Country

4. FEI Number  
**65-0133017**

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

9. Name and Address of Current Registered Agent

**DORAGH, P.D.  
801 LAUREL OAK DR  
SUITE 500  
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name **Vivien N. Hastings**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**801 Laurel Oak Drive**  
83 **Suite 500**  
84 City **Naples** FL 85 Zip Code **33963**

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

*Vivien Hastings*  
Signature, typed or printed name of registered agent, Title if applicable

**Vivien Hastings, Secretary**

**4/18/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMOYER, JH</b>	
STREET ADDRESS	<b>11691 GATEWAY BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, J</b>	
STREET ADDRESS	<b>11691 GATEWAY BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HASTINGS, V N</b>	
STREET ADDRESS	<b>801 LAUREL OAK DR. #500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOSTE, B.R.</b>	
STREET ADDRESS	<b>801 LAUREL OAK DR. 500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>ATC</b>	<input type="checkbox"/> DELETE
NAME	<b>RIVERA, C A</b>	
STREET ADDRESS	<b>11691 GATEWAY BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DORAGH, PETER</b>	
STREET ADDRESS	<b>11691 GATEWAY BLVD.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Schmoyer, J. H.</b>	
1.3 STREET ADDRESS	<b>801 Laurel Oak Drive, Suite 500</b>	
1.4 CITY-ST-ZIP	<b>Naples, FL 33963</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Whitney, S. R.</b>	
2.3 STREET ADDRESS	<b>801 Laurel Oak Drive, Suite 500</b>	
2.4 CITY-ST-ZIP	<b>Naples, FL 33963</b>	
3.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Carlson, A. J.</b>	
4.3 STREET ADDRESS	<b>801 Laurel Oak Drive, Suite 500</b>	
4.4 CITY-ST-ZIP	<b>Naples, FL 33963</b>	
5.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Rivera, C. A.</b>	
5.3 STREET ADDRESS	<b>801 Laurel Oak Drive, Suite 500</b>	
5.4 CITY-ST-ZIP	<b>Naples, FL 33963</b>	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Vivien Hastings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/96 (941) 597-6061**

Date

Daytime Phone #

CR2E034 (12/95)