

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K95549 (7)
1. Corporation Name
GATEWAY COMMUNICATIONS SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108 US	Mailing Address 801 LAUREL OAK DR SUITE 500 NAPLES FL 34108 US
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3. Date Incorporated or Qualified 06/15/1989	4. FEI Number 65-0133017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 24301 Walden Center Drive Suite, Apt #, etc. 22 Suite 300 City & State 23 Bonita Springs, FL Zip 24 34134 Country 25 USA	2a. Mailing Address 26 24301 Walden Center Drive Suite, Apt #, etc. 27 Suite 300 City & State 28 Bonita Springs, FL Zip 29 34134 Country 30 USA
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9. Name and Address of Current Registered Agent
**VIVIEN N. HASTINGS
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108**

10. Name and Address of New Registered Agent
81 Name **Vivien Hastings**
82 Street Address (P.O. Box Number is Not Acceptable)
24301 Walden Center Drive
83 **Suite 300**
84 City **Bonita Springs** 85 Zip Code **FL 34134**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.
SIGNATURE: *Vivien Hastings* DATE: **2/11/98**

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHMOYER, JH 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITNEY, S. R. 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HASTINGS, V N 801 LAUREL OAK DR. #500 NAPLES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CARLSON, A.J. 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Drive, Suite 300 Bonita Springs, FL 34134	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DV Katherine C. Green 24301 Walden Center Drive, Suite 300 Bonita Springs, Florida 34134	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Drive, Suite 300 Bonita Springs, Florida 34134	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Steven C. Adelman 24301 Walden Center Drive, Suite 300 Bonita Springs, Florida 34134	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of this report, or on the attached form with my address.
SIGNATURE: *Vivien Hastings* DATE: **2/11/98 (941) 947-2600**

CR2E034 (10/97)