

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093522 (7)

1. Corporation Name
EASTGATE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6847 SAN FELIPE STE 4650 HOUSTON TX 77057	5847 SAN FELIPE STE 4650 HOUSTON TX 77057-3011

3. Date Incorporated or Qualified 12/08/1995		3a. Date of Last Report 04/17/1996	
4. FEI Number 76-0487337		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			

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRRI SERVICES INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301-4	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	85

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

Signature typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	
NAME	MANGALJI, MAJID A	1.2 NAME	
STREET ADDRESS	5847 SAN FELIPE STE 4650	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	
NAME	MANGALJI, MOEZ	2.2 NAME	
STREET ADDRESS	5847 SAN FELIPE STE 4650	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MANGALJI, FERED	3.2 NAME	
STREET ADDRESS	5847 SAN FELIPE STE 4650	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

110F7 MARGARET J. (713) 787-9100

CB2E034 (9/96)