

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 # 359246 (6)

1. Corporation Name

GATEWAY MORTGAGE CO



Principal Place of Business

8177 OLD KINGS ROAD SOUTH  
SUITE 4  
JACKSONVILLE FL 32217  
US

Mailing Address

% LEWIS ANSBACHER  
4215 SOUTHPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified  
02/04/1970

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1321137

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

SOFORENKO, M.O.  
8177 OLD KINGS ROAD, SUITE 4  
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME SOFORENKO, M.O.  
STREET ADDRESS 8177 OLD KINGS ROAD, #4  
CITY-ST-ZIP JACKSONVILLE FL

TITLE AS  
NAME SOFORENKO, M.O.  
STREET ADDRESS 8177 OLD KINGS ROAD, #4  
CITY-ST-ZIP JACKSONVILLE FL

TITLE AS  
NAME SCHNEIDER, MICHAEL  
STREET ADDRESS 4215 SOUTHPOINT BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ASV  
NAME ANSBACHER, LEWIS  
STREET ADDRESS 4215 SOUTHPOINT BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ASV  
NAME SASSARD, CHERYL E.  
STREET ADDRESS 4215 SOUTHPOINT BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE AST  
NAME ANSBACHER, BARRY B.  
STREET ADDRESS 4215 SOUTHPOINT BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

000001810670  
-05/07/96--01026--029  
\*\*\*200.00

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:

M.O. Soforenko

2/29/96

904-737-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)