

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

FILED

May 13 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 # **488085** (2)
1. Corporation Name
GATE-PORT, INC.



Principal Place of Business 2705 MALL DRIVE SARASOTA FL 34231	Mailing Address 2705 MALL DRIVE SARASOTA FL 34231-5941
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1975		3a. Date of Last Report 04/19/1996	
21		26		4. FEI Number 59-1817513		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent WEYANT, RICHARD L. 2705 MALL DRIVE SARASOTA FL 33580				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
				MACY, WILLIAM 2129 RINGLING BLVD			
83				84 City			
				SARASOTA FL 34237			

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]* **WILLIAM MACY, PRESIDENT** DATE **4-25-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVS	<input type="checkbox"/> DELETE		1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAGOVICH, ANN (ASSISTA)			1.2 NAME			
STREET ADDRESS	123 FAIRFIELD AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JOHNSTOWN PA			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHONEK, WILBUR E.			2.2 NAME			
STREET ADDRESS	123 FAIRFIELD AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	JOHNSTOWN PA			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, MILTON H.			3.2 NAME	MACY, WILLIAM		
STREET ADDRESS	1333-35 EISENHOWER BLVD			3.3 STREET ADDRESS	2705 MALL DR		
CITY-ST-ZIP	JOHNSTOWN PA			3.4 CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D ASSISTANT S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAGOVICH, ANN (ASSISTA)			4.2 NAME	GREEN, RICHARD J., JR.		
STREET ADDRESS	123 FAIRFIELD AVE.			4.3 STREET ADDRESS	305 FRANKLIN ST.		
CITY-ST-ZIP	JOHNSTOWN PA			4.4 CITY-ST-ZIP	JOHNSTOWN, PA 15901		
TITLE	DV	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALAYDA, ROBERT			5.2 NAME			
STREET ADDRESS	1333 EISENHOWER BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	JOHNSTOWN, PA 15904			5.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHILEY STANLEY			6.2 NAME			
STREET ADDRESS	1335 EISENHOWER BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	JOHNSTOWN, PA 15904			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: *[Signature]* **STANLEY SHILEY** DATE **4-25-97**

CR2E034 (9/96)