


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

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90018 035 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 488085 ✓
 1. Corporation Name
GATE-PORT, INC.

Principal Place of Business 2705 MALL DRIVE SARASOTA FL 34231	Mailing Address 2705 MALL DRIVE SARASOTA FL 34231
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1817513	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MACY, WILLIAM
2129 RINGLING BLVD
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	DRAGOVICH, ANN (ASSISTA)	
STREET ADDRESS	123 FAIRFIELD AVE.	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SCHONEK, WILBUR E.	
STREET ADDRESS	123 FAIRFIELD AVE.	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACY, WILLIAM	
STREET ADDRESS	2705 MALL DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DAST	<input type="checkbox"/> DELETE
NAME	GREEN, RICHARD J JR	
STREET ADDRESS	305 FRANKLIN ST	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	EALAYDA, ROBERT	
STREET ADDRESS	1333 EISENHOWER BLVD	
CITY-ST-ZIP	JOHNSTOWN PA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHILEY, STANLEY	
STREET ADDRESS	1335 EISENHOWER BLVD	
CITY-ST-ZIP	JOHNSTOWN PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: _____ DATE: **8-3-99** DAYTIME PHONE #: _____

CR2E034 (11/98)