

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725116** (8)
1. Corporation Name
GATEWAY POINT, INC.



Principal Place of Business 311 GARVIN ST. PUNTA GORDA FL 33950	Mailing Address 311 GARVIN ST. PUNTA GORDA FL 33950
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3. Date Incorporated or Qualified 12/27/1972	
4. FEI Number 59-1514938	Applied For <input type="checkbox"/> Not Applicable

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
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent

**JOHN CHARLES HEKIN
C-101 PLAZA 508 NW OLEAN BLVD
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name Gary A. Kahle
82 Street Address (P.O. Box Number is Not Acceptable) 21229 Olean Blvd., Suite B
83
84 City Port Charlotte
85 Zip Code FL 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gary A. Kahle* **GARY A. KAHLE** DATE **3/27/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANDORA, JOHN	
STREET ADDRESS	401C GARVIN ST	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STELLA, LOUIS	
STREET ADDRESS	407-B GARVIN STREET	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEFFENS, BETTY	
STREET ADDRESS	409 D. GARVIN ST	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TUMA, HOWARD	
STREET ADDRESS	P.O BOX 462 N/A	
CITY-ST-ZIP	PALOS HEIGHTS IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIKER, ELLIS	
STREET ADDRESS	300-D GARVIN STREET	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D'Alesio, John	
1.3 STREET ADDRESS	307-D Garvin Street	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Duncan, Harry	
2.3 STREET ADDRESS	407-A Garvin St.	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Otis Likins	
5.3 STREET ADDRESS	309-A Garvin St.	
5.4 CITY-ST-ZIP	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Howard Tuma* **HOWARD TUMA** DATE **4-6-98** DAYTIME PHONE **941-639-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)