

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

FILED
Apr 23 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 # F20641 (9)
1. Corporation Name
GATEWAY AVIATION, INC.



Principal Place of Business 365 GOLDEN KNIGHTS BLVD TITUSVILLE FL 32780-8622	Mailing Address 365 GOLDEN KNIGHTS BLVD TITUSVILLE FL 32780-8124
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3. Date Incorporated or Qualified 02/12/1981		3a. Date of Last Report 04/26/1996	
4. FEI Number 59-2066621		Applied For Not Applicable	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.	22 City & State	27 City & State
23 Zip	25 Country	28 Zip	30 Country
B. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCARBOROUGH, TRUMAN JR. 239 HARRISON STREET TITUSVILLE FL 32780		81 Name Wanda J Barbash	82 Street Address (P.O. Box Number is Not Acceptable) 4810 Byron St
		83 XXXXXXXXXX32927X	84 City Cocoa FL 85 Zip Code 32927

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: *Wanda J Barbash* **Wanda J Barbash** **4/18/97**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREBSBACH, DALE W.	1.2 NAME	Krebsbach, Dale W
STREET ADDRESS	365 GOLDEN KNIGHTS BLVD	1.3 STREET ADDRESS	365 Golden Knights Blvd.
CITY-ST-ZIP	TITUSVILLE, FL 00000	1.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBASH, WANDA J.	2.2 NAME	Wanda J Barbash
STREET ADDRESS	365 GOLDEN KNIGHTS BLVD	2.3 STREET ADDRESS	365 Golden Knights Blvd.
CITY-ST-ZIP	TITUSVILLE, FL 00000	2.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Lori A Krebsbach
STREET ADDRESS		3.3 STREET ADDRESS	365 Golden Knights Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Wanda J Barbash* **Wanda J. Barbash** **4/18/97** **407-267-1345**
President

CR2E034 (9/96)