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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

	MENT # F93000 ATIONAL GATEWAY COMMU									
Principal Plac		······		A MORALDE SAIN TOTAL AND MORAL CONTRA	<b>TENN BOND BON</b>	1 11010 IBN				
5601 WEST 12 ALSIP IL 60658		7610 WEST NORTH AVEN	O SPINA, MCGUIRE & OKAL, P.C. 10 WEST NORTH AVENUE MWOOD PARK IL 80707-4142			\$				
					[	3. Date Incorporated or Qualified 11/16/1993	3a. Date 06/19		teport	
2. Principal P	lace of Business	2a. Malling Address				4. FEI Number			pplied For	
21		26				36-3825351			ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			]	5. Certificate of Status Desired			Additional equired	
City & Stat	Ć.	City & State	· · · · · · · · · · · · · · · · · · ·	r. <u>w.d '-</u>	1	Election Campaign Financing     Trust Fund Contribution	П		May Be to Fees	
<b>Z</b> ip	Country	Zip	Cour	ntry		B. This corporation has liability for i		x under s		
24	25]	Popletored Accept	30]			Fiorida Statutes  D. Name and Address of New Re	Yes 🗀			
	9. Name and Address of Current	Leanstein Adeut		B1 Name	1	u, mame and Address of New He	Riesaleo võ	₩.II		
	CORPORATION SYSTEM  SOUTH PINE ISLAND ROAD		ļ		<del> </del>		<del></del>			
	NTATION FL 33324		82 Street Addr			(P.O. Box Number is Not Acceptab	le)		į	
1 47	MIANON TE BOOZT		Ì	83		······································	··············			
			ļ	84 City	·			<b>85</b> Zip		
				1 "			FLI	[ '	ſ	
SIGNATURE	to the provisions of Sections 607,0502 registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen	t and title if applicable (NOT	E Registered	Dy the corputes.		nen reinstating}	DATE			
12.	OFFICERS AND	DELETE	13.	16		ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12	
NAME	JACOBS, THOMAS	L DECER	1.1 31 1.2 NA		ł		L.	T ruesthe		
STREET ADDRESS	5601 W 120TH ST			REET ADORESS	}				b0 658	
City-St ZiP	ALSIP IL	2 '		TY-ST-ZIP					60 65B	
THLE	STD	DELETE 2.1T(		<del></del>	<b></b>	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	AMENDALA, BRIAN		2.2 NA	ME	[					
STREET ADDRESS	5601 WEST 120TH STREET		23 ST	REET ADDRESS	}				j	
CITY - ST - 7IP	ALSIP IL 60658			TY-ST-ZIP				1		
THILE	D AMENDALA IOCEDIA	☐ DELETE	3.1 111				L	j Change	Addition	
NAME	AMENDALA, JOSEPH 5601 WEST 120TH STREET		3.2 NA		}				,	
STREET ADDRESS	ALSIP IL 60658		- 8	reet address Ty-St-Zip	{				. }	
CHY-\$1-ZiP	D D	DELETE	3,4. Ci		ļ		<del>D</del>	Change	Addition	
NAME	CARINGELLA, MICHAEL		4.2 N/							
STREET ADDRESS	7402 WEST GRAND AVENUE		1	REE1 ADDRESS					i i	
CITY-SI-7IP	ELMWOOD PARK IL 60635		- 6	TY-ST-ZIP					60707	
TOLE	C	☐ DELETE	5.1 TI		1	<u> </u>	7	Change	Addition	
NAME	AMENDALA, JOSEPH		5.2 NA	ME	1					
STREET ADDRESS	5601 WEST 120TH STREET		5.3 ST	REET ADDRESS					inten	
CHY-SI-ZIF	ALSIP IL			TY-ST-ZIP	ļ	<del></del>		7.0	40058	
1111.1		☐ DELETE	6.1 111				L.	Change	☐ Addition	
NAME PROSES APPROVED			6.2 NA		ł				ł	
STREET ADDRESS				REET ADDRESS	1				}	
14. I do here	by certify that the information supplied by indicated on this annual report or si	with this filing does not qual		TY-ST-ZIP exemption s	tated in	Section 119.07(3)(i), Florida Statute	s. I further c	ertify that	the	

Intermation 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: (

DIVERD OR PRINTED NAME DESIGNING DESIGNS OR DISECTOR

0500227

**FILED** 

Apr 29 1997 8:00am

Secretary of State