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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Brenda B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H93129 (5)

1. Corporation Name

GATEWAY SUPPLIERS, INC.

Principal Place of Business

**2724 COLLEGE STREET
JACKSONVILLE FL 32205
US**

Mailing Address

**2724 COLLEGE STREET
JACKSONVILLE FL 32205
US**



2. Principal Place of Business

21 State, Apt., R., etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt., R., etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MOSS, GENE T
337 E BAY STR
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0601 and 607.1501, Florida Statutes, this 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 approved by the corporation's board of directors. The duly accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0601, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
DP	JONES, HERMAN O.	2724 COLLEGE STREET	JACKSONVILLE FL
D	ANTHONY, JAMES S.	130 ADELAIDE ST. W., STE. 2320	TORONTO-ONTARIO M5H 3P5 CAN.
D	ROULEAU, BRIAN P	1980 SHERBROOKE ST. W., #630	MONTREAL-QUEBEC H3H 1G1 CAN.
D	ROULEAU, JEANNIE B	1980 SHERBROOKE ST. W., #630	MONTREAL-QUEBEC H3H 1G1 CAN.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
14 NAME	15 STREET ADDRESS	16 CITY, ST, ZIP	17 TITLE
18 NAME	19 STREET ADDRESS	20 CITY, ST, ZIP	21 TITLE
22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	25 TITLE
26 NAME	27 STREET ADDRESS	28 CITY, ST, ZIP	29 TITLE
30 NAME	31 STREET ADDRESS	32 CITY, ST, ZIP	33 TITLE
34 NAME	35 STREET ADDRESS	36 CITY, ST, ZIP	37 TITLE
38 NAME	39 STREET ADDRESS	40 CITY, ST, ZIP	41 TITLE
42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	45 TITLE
46 NAME	47 STREET ADDRESS	48 CITY, ST, ZIP	49 TITLE
50 NAME	51 STREET ADDRESS	52 CITY, ST, ZIP	53 TITLE
54 NAME	55 STREET ADDRESS	56 CITY, ST, ZIP	57 TITLE
58 NAME	59 STREET ADDRESS	60 CITY, ST, ZIP	61 TITLE
62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	65 TITLE
66 NAME	67 STREET ADDRESS	68 CITY, ST, ZIP	69 TITLE
70 NAME	71 STREET ADDRESS	72 CITY, ST, ZIP	73 TITLE
74 NAME	75 STREET ADDRESS	76 CITY, ST, ZIP	77 TITLE
78 NAME	79 STREET ADDRESS	80 CITY, ST, ZIP	81 TITLE
82 NAME	83 STREET ADDRESS	84 CITY, ST, ZIP	85 TITLE
86 NAME	87 STREET ADDRESS	88 CITY, ST, ZIP	89 TITLE
90 NAME	91 STREET ADDRESS	92 CITY, ST, ZIP	93 TITLE
94 NAME	95 STREET ADDRESS	96 CITY, ST, ZIP	97 TITLE
98 NAME	99 STREET ADDRESS	100 CITY, ST, ZIP	101 TITLE

14. I do hereby certify that the information supplied by me for this filing is true and correct, and that I am not guilty for the exceptions stated in Section 119.07(2)(k), Florida Statutes. I further certify that the information and data on this 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, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change form or on the certificate of incorporation.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19/96 514 935 2581

CR2E034 (12/95)