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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90004 044 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J01997 1. Corporation Name

GATEWAY TRAVEL CENTRE, INC.

Principal Place of Business		Mailing Address						
12225 28 ST. N.		12225 28 ST. N.			:	,		
ST. PETERSBURG FL 33716		ST. PETERSBURG FL 33716			DO NOT WRITE IN THIS SPACE			
		•				3. Date Incorporated or Qualifed 03/04/1986		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				59-2700857		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State				6: Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		_
24	25		30			Personal Property Tax.	Yes	□Nö
	9. Name and Address of Curi	rent Registered Agent				10. Name and Address of New Registere	ed Agent	i
CTO	CHIEN CERALD E			81 Nam	е	1		
	gniew, gerald f. 25 28 St. n.			82 Stree	et Addre	ess (P.O. Box Number is Not Acceptable)		
1222	3 20 31. N.			83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	e a an i fin enge. O ala i assi a ala	200 4 46 228
ST I	PETERSBURG FL 33716			03				
				84 City		F	85 Zip	Code
11. Pursuant	rodictored agent or both in the Sta	ate of Florida. Such change was aut	ınorızea	DV the col	ed corpo	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its	s registered egistered
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered	ate of Horida, Such change was autiligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F	inorized da Stati Registered	ites.	rporation	when reinstating) . DATE	pointing it as it	
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS