


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

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1997 FEB 12 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J06286** (5)
1. Corporation Name
GATEWAY EQUITIES, INC.

Principal Place of Business 1201 W. PEACHTREE ST., NE STE. 1800 ATLANTA GE 30309-3415 US	Mailing Address 1201 W. PEACHTREE ST., NE STE. 1800 ATLANTA GE 30309-3415 US
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3. Date Incorporated or Qualified 03/27/1986	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 1201 W. Peachtree St., N.E. Suite, Apt. #, etc. 22 Suite 1800 City & State 23 Atlanta, GA Zip 24 30309	2a. Mailing Address 26 1201 W. Peachtree St., N.E. Suite, Apt. #, etc. 27 Suite 1800 City & State 28 Atlanta, GA Zip 29 30309	Country 25 Fulton Country 30 Fulton
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4. FEI Number 59-2657267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D RAY, PATRICIA J
STREET ADDRESS	1201 W. PEACHTREE ST., NE, STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	D FARRELL, JR. CHARLES P.
STREET ADDRESS	1201 W. PEACHTREE ST., NE, STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	DST ROSETTI, JOHN P.
STREET ADDRESS	1201 W. PEACHTREE ST., NE, STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	V LOCKWOOD, LAWRENCE W.
STREET ADDRESS	1201 W. PEACHTREE ST., NE, STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	P CHANDLER, SCOTT
STREET ADDRESS	1201 W. PEACHTREE ST., NE, STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002085596--S
1.3 STREET ADDRESS	-02/12/97--01099--001
1.4 CITY-ST-ZIP	*****165.00 *****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600002085596--S
2.3 STREET ADDRESS	-02/12/97--01099--002
2.4 CITY-ST-ZIP	*****8.75 *****8.75
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: _____ (404) 817-2571

CR2E034 (9/96)