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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J41061

(9)

GATEWAY REALTY SALES, INC.

FILED Mar 11 1997 8:00am Secretary of State

A CONTRACTOR DE CONTRACTOR DE

Principal Place of Business Mailing Address							1 1601130 BISE GIRGE DIGIT COLLO DIEGO CIEN A	(B1) WINDS WA	****	11 8 8 1 1 1 1 1
801 LAUREL OAK DR. SUITE 500 NAPLES FL 33963 US			801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108-2764 US							
						3. Date Incorporated or Qualified 11/04/1986	3a. Date of Last Report 05/01/1996			
2. Principal Pi	tace of Busi	ness	2a. Mailing Address				4. FEI Number Applied For			· · · · · · · · · · · · · · · · · · ·
21 S. ito Ant	# cto		Suite, Apt. #, etc.			59-2741697	¢0 75 4 4 2 2 4 1 2 2 1			
Suite, Apt. #, etc.			27				5. Certificate of Status Desired		, - · · ·	Additional Required
City & State		THE RESIDENCE OF THE STREET STREET, STREET STREET, STREET STREET, STRE	City & State			6. Election Campaign Financing \$5.00 May Be				
23			28			Trust Fund Contribution Added to Fees				
Zψ			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
₂₄ 3410	34108 25		29 30				Florida Statutes X Yes No			
		and Address of Current	Registered Agent		11	Name	10. Name and Address of New Rec	istered /	gent	
HAS1		ľ	Name							
	LAUREL O.	AK DHIVE		82 Street Add			ress (P.O. Box Number is Not Acceptable	e)		
SUITE 500 NAPLES FL 33963					13					
NACL	LEO FL 33	7 03								
				6	14 (City		FL	85 Z	ip Code 4108
11. Pursuant	to the provis	ions of Sections 607 0502	and 607.1508, Florida Statut	es, the abo	ve-r	named corr	poration submits this statement for the po	iroose of	changing	n its registered
agent. La	egistered ag m familiar w	gent, or both, in the State at th, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized orida Statul	by th tes.	ne corporal	tion's board of directors. I hereby accep	t the app	ointment	as registered
SIGNATURE	Slumaturi Types	For primed ran cloth redistered ager	t and title it applicable. (NOT	E: Registered /	Agent	signature requi	red when reinstating)	DATE		·····
12.		OFFICERS AND		13.	-		ADDITIONS/CHANGES TO OFFIC			
11I.F	DP	and the second s	K DELETE	1.1 TITL	E	1	D/V		Chang	e K Addition
NAME GUNDERSON, J.D.				1.2 NAME			Rymer, T.			
STREET ADDRESS 801 LAUREL OAK DRIVE, #500				1.3 STREET ADORESS			301 Laurel Oak Dri	ve,	#500	
CITY - S1 - ZtP	NAPLES	FL	T DELETE	1.4 CITY			Naples, FL 34108		T 1 &	T-1 1 100
TITLE	DV	ın	☐ DELETE	2.1 TITL		1	D/P		Chang	e Addition
NAME	STORY,			2.2 NAME						
STREET ADDRESS	NAPLES	REL OAK DRIVE, #500		2.3 STREET ADDRESS						
GETY - \$1 - ZEF TITLE	DT	r L	DELETE	2. 4 CIT		ZIP			Chang	e Addition
NAME	CARLSOI	N. A.I.	beter	3.7 THE					FII DITONS	, Manipoli
STREET ADDRESS		REL OAK DRIVE, #500		3.3 STREET ADDRESS)DRESS				
CHTY - ST - ZIP	NAPLES			3.4 CITY-ST-ZIP						
Tif.E	S		DELETE						Chang	e 🔲 Addition
NAME	HASTING		4. 2 NAME							
STREET ADDRESS					EET AD	DORESS				
CHTY - ST - ZIF	NAPLES	FL		4.4 CITY	-ST-	ZIP				······································
101.6			☐ DELETE	5.1 TITL	E				Chang	je 🔲 Addition
NAME				5.2 NAM						
STREET ADDRESS				5.3 STRI						
CHY-ST-ZIP			DELETE	5.4 CITY		ZIP			☐ Chang	e Addition
THEE			ריי טנינונ	6.1 TITL					THE CHANG	le T Vanition
NAME CIDEST ANOLUS				6.2 NAM 6.3 STRI		nhpree				
STREET ADDRESS CITY - ST- 7IP				6.4 CITY		·				
14. I do heret	iby certify the	at the information supplied	with this filing does not quali	ly for the e	xem	ption state	d in Section 119.07(3)(i), Florida Statutes	. I further	certify th	nat the
informatio Lam an ol	on indicated ifficer or dire	on this annual report or sector of the corporation or	applemental annual report is to the receiver or trustee empower.	rue and ac	cura	ate and that	t my signature shall have the same legal rt as required by Chapter 607, Florida S	effect as	if made	under oath; that
appears i	in Block 12 o	or Block 13 if changed, or	on an attachment with an add	dress.		· opo				
		en nastings	Jana C		1	Ì	1/29/97	(941) 59	7-6061
SIGNAT	UKE:	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	R		Date	*	ytime Fnone	