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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # J41061**

1. Corporation Name

GATEWA	Y REALTY SALES, INC.						
Principal Place	of Business	Mailing Address				ILAN 1180 Ataşı dibiş bibil dibil	1011 91011 1991
•		24301 WALDEN CENTER DI	RIVE				
BONITA SPRINGS FL 34134		STE 300	STE 300				
US		BONITA SPRINGS FL 34134	4			TE IN THIS SPACE	
		US			3. Date Incorporated or Qualifed		
2 0-111 01	lace of Business	2a. Mailing Address			11/04/1986 4. FEI Number	· An	plied For
	lace of business	<b>⊢</b>			59-2741697	<del></del>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				_ \$8.75	
22	.,, 0	27			5. Certifcate of Status Desired	Fee Re	equired
City & State	е	City & State			6. Election Campaign Financing	□ \$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	′	8. This corporation owes the curr		_
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New F	Registered Agent	
HAST	TINGS, VIVIEN N			Name			
	1 WALDEN CENTER DRIVE		82	Street Add	dress (P.O. Box Number is Not Accepta	able)	
STE			83				
	ITA SPRINGS FL 34134		100				
			84	City		FI 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statut	es, the abov	e-named cor	rporation submits this statement for the	purpose of changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorized by	ine corpora	tion's board of directors. I hereby accep	pt the appointment as re	gistered
SIGNATURE	Signature, broad or printed name of registered age	nt and title if applicable (NOTE	: Registered Age	nt signature requi	ired when reinstating)	DATE	
_	Signature, typed or printed name of registered ages OFFICERS AN	nt and title if applicable. (NOTE	: Registered Age	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OF		DRS IN 12
SIGNATURE  12.  TITLE				nt signature requi			DRS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	nt signature requi		FICERS AND DIRECTO	
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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 changed, or on an attachment with an address, with all other, like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND TYPED O

1/22/99

(941) 947-2600

Daytime Phone #

CR2E034 (11/98)