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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J60352**

1. Corporation Name

GATEWAY FORE, INC.

760 BROADWAY

Mailing Address

760 BROADWAY

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90038 010 ***150.00



LONGBOAT KEY FL 34228		LONGBOAT KEY FL 34228		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				03/05/1987	
2. Principal Pl	ace of Business	2a. Mailing Address	- 44	4. FEI Number	Applied For
21 /235	Telleren DR	26 1235 J	efferson	<u>n</u> 59-2830245	Not Applicable
Suite, Apt.	#, etc. //	Suite, Apr. #, etc.	,	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State		a St. C. C. Santin Financia	
City & State	1 1 7/	28 Lakel and	21	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 / ak	Country	Zip	Country	This corporation owes the current year Ir	
24 338	07 [25]	29 33803 30	, 	Personal Property Tax.	☐ Yes ☐ No
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name	P / P/:10:	
AMATO, LOUIS X., ESQ.				Address (P.O. Box Number is Not Acceptable	·
350 51H AVE S.				35 Jefferson DR	
STE 200				77	
NAPLES FL 33940			84 City	P 1 1 1 ==	85 Zip Code
			Z	akiland FI	_
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named o	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the apport	t changing its registered pintment as registered
agent. I ar	m familia with, and accept the obligati	ons of Section 607.0505, Florida	a Statutes.	_ /	
SIGNATURE	Signature, typed grønnted name of registered agent	mely		2/2	5/59
12.	Signature, typed grannted name of registered agent OFFICERS ANI		egistered Agent signature re-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Paradent	Change Addition
NAME	EASTERLING, NICK	7	1.2 NAME	Osian R. Finder	
STREET ADDRESS	760 BROADWAY	•	1.3 STREET ADDRESS	P.O. 1505	_
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY- ST-ZIP	Boren Grande : FL	33921
TITLE	ST	☐ DELETE	2.1 TITLE	P.O. 1505 Borca Grande; FL Raymond Phillips 1235 Tefferson DR	hange Addition
NAME	DAVIS, NANCY		2.2 NAME	Rammond Phillips	(
STREET ADDRESS	2800 BISCAYNE BLV #310		2.3 STREET ADDRESS	1235 Tefferson DR	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	7111071 33	P02
TITLE		☐ DELETE	3.1 TITLE	outure, The 330	Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	****	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		C. DELETE	4.1 ITILE 4.2 NAME		
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CITY-ST-ZIP 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.

SIGNATURE:

2/25/99 8/3-754-2727