**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J94653**

1. Corporation Name

GATEWAY FORE P-11, INC.

Principal Place of Business

760 BROADWAY LONGBOAT KEY FL 34228 Mailing Address

760 BROADWAY

LONGBOAT KEY FL 34228

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

06-01-1999 90038 008 \*\*\*150.00



CONODONI NEI 16 34220		ECHOPORT HET TE 01220		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				09/24/1987	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 123	5 Tefferson Dr	26 1235 T	Heren 2	b 65-0005774	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	granes o	_	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Lak	land +L	28 phales	76	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	intangible
24 338C	23 $25$	29 33803 3	<b>D</b>	Personal Property Tax.	☐ Yes ☐ No
<u></u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
81 Name (2) (A					
AMATO, LOUIS X.			82 Street	Address (P.O. <u>Box Number is Not Acceptable</u> )	<u></u>
330 31H AVE 3.			62 Sileer	25 Talles in Not Acceptable	-
STE 200				32 4/200	
NAPLES FL 33940					
			84 City 7	Techelonel F	1 85 2 Pm 7
44 5	4- 4	and 507 1509 Florida Statutes	the above-named	composition submits this statement for the purpose	of changing its registered
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	Clarmond & m	llin		2/2	25/99
	Signature, typed of printed name of registered agent		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	Parent	Change
TITLE	PD PIONE MICH	PETETE		Discar R. Linder	
NAME	EASTERLING, NICK		1.2 NAME	BSCAL N. OURCEC	
STREET ADDRESS	760 BROADWAY		1.3 STREET ADDRESS	P.O.1505	72001
CITY-ST-ZIP	LONGBOAT KEY		1.4 CITY-ST-ZIP	Buta arange The	Addition
TITLE	STD	DELETE	2.1 TITLE	Vue Prisident	© 3
NAME	DAVIS, NANCY		2.2 NAME	RAYMOND B. PHIL	ZIPS
STREET ADDRESS	2800 BISCAYNE BLVD.		2.3 STREET ADDRESS	1235 Julierra DR	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	LAKELAND 71 3.	3803
TITLE		☐ DELETE	3.1 TITLE	Sec/Treas	Change Addition
NAME			32 NAME	Rote Lander Phillips	·
STREET ADDRESS			3.3 STREET ADDRESS	Bety Linder Phillips 1235 Tefferen DR Laheland, FL 3280	ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP	1233 Sylvian DIC	
TITLE		☐ DELETE	4.1 TITLE	Lateland TL 3380	☐ Change ☐ Addition
NAME			4.2 NAME	, , ,	ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE		C. Defete	6.2 NAME		
NAME			6.3 STREET ADDRESS		)

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

STREET ADDRESS

CER OR DIRECTOR