FULTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # L31970 AL GATEWORKS, INC.	8			02-11-1999 90011 010 *** . ;	a Arau Bibli Bibli Bib		
Principal Place	of Business	Mailing Address						
% RONALD J. AYRES P.O. BOX 225 LAKE WALES FL 33859		% RONALD J. AYRES P.O. BOX 225 LAKE WALES FL 33859		·	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed,			
				}	11/22/1989			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For	
21		26			59-2979037		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ac Fee Req		
22		27 City & State			6 Floring Compains	 		
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to		
23 Zin	Country	Zip	Country		8. This corporation owes the current year			
Zip	25	29 30	¬ ·		Personal Property Tax.		□No	
24	9. Name and Address of Curi		1		10. Name and Address of New Registere	d Agent		
	or manifesting the state of the		81 N	Name				
	ES, RONALD J		82 5	Street Address	ss (P.O. Box Number is Not Acceptable)			
6455 HIGHWAY 60 EAST			02 3	Sileet Addres	SS (F.O. BOX Number is 1404 / 1000 ptuble)	e menakan pergebahan da	** \$12.00 (\$2)	
LAKE	E WALES FL FL 33853		83			计多数数数		
			84 (0:4.	21. 1. v. 1. 1. 20 (10) 4.77 (10) 200	85 Zip C	ode : : : : : : : : : : : : : : : : : : :	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes,	the shows n	city	ration submits this statement for the purpose	of changing its r	egistered istered	
office or ragent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such change was authingations of, Section 607.0505, Florida agent and title if applicable. (NOTE: Re	the above-norized by the a Statutes.	amod cornor	when reinstating) DATE			
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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:

STREET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State