


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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L66386 (8)			
1. Corporation Name GATE PALLET SYSTEMS, INC.			
Principal Place of Business 1204 ERIE COURT CROWN PT IN 46307 US		Mailing Address P O BOX 23627 JACKSONVILLE FL 32241-3627 US	
2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	3. Date Incorporated or Qualified 04/18/1990	
22 City & State	27 City & State	3a. Date of Last Report 03/26/1996	
23 Zip	28 Zip	4. FEI Number 59-3003809	
24 Country	29 Country	Applied For <input type="checkbox"/> Not Applicable	
25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		9. Name and Address of Current Registered Agent	
30		10. Name and Address of New Registered Agent	
31		81 Name	
32		82 Street Address (P.O. Box Number is Not Acceptable)	
33		83	
34		84 City	
35		85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.2 NAME	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: <i>Louise M. Zemanek</i> LOUISE M. ZEMANEK Sec/Treasurer			



CR2E034 (9/96)

1-30-97 (904) 448-2910

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