

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

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90190 044 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92598

1. Corporation Name
GATEWAY REAL ESTATE, INC.

Principal Place of Business
310 S.W. 68TH BLVD.
PEMBROKE PINES FL 33023

Mailing Address
310 S.W. 68TH BLVD.
PEMBROKE PINES FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1990

4. FEI Number

65-0228715

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

ABRAMS, PERLA F ESQ.
2100 PONCE DE LEON BLVD.
SUITE 1170
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
HORACE C. DAVIS

82 Street Address (P.O. Box Number is Not Acceptable)
13234 N.W. 13th St.

83

84 City
Pembroke Pines **FL** 85 Zip Code
33028

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

Horace C. Davis

4-24-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **DAVIS, HORACE**
STREET ADDRESS **~~310 SW 68TH BLVD~~ 13234 N.W. 13th St.**
CITY-ST-ZIP **PEMBROKE PINES FL ~~33022~~ 33028**

TITLE **D** ☐ DELETE
NAME **R. Barbara Davis**
STREET ADDRESS **13234 N.W. 13th St.**
CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE **D** ☐ DELETE
NAME **Oona N. Davis**
STREET ADDRESS **13234 N.W. 13th St.**
CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE **D** ☐ DELETE
NAME **H. Richard Davis**
STREET ADDRESS **13234 N.W. 13th St.**
CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE: **Horace C. Davis-President**

4-24-00 305-358-8030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #