

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01434** (2)  
1. Corporation Name  
**GATEWAY CENTER MERCHANTS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<b>5196 NORWOOD AVENUE JACKSONVILLE FL 32208 US</b>	<b>5196 NORWOOD AVENUE JACKSONVILLE FL 32208-5003 US</b>

3. Date Incorporated or Qualified <b>02/14/1984</b>	3a. Date of Last Report <b>08/05/1996</b>
4. FEI Number <b>59-1484229</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**FAIRCLOTH, MARK D.  
5196 NORWOOD AVENUE  
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>RAFIDI, JACK YACOB</b>
CITY - ST - ZIP	<b>5138 NORWOOD AVENUE JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD</b>
STREET ADDRESS	<b>MENAGED, JOE</b>
CITY - ST - ZIP	<b>5222 NORWOOD AVENUE JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP</b>
STREET ADDRESS	<b>ROONEY, DOUG</b>
CITY - ST - ZIP	<b>5158-A NORWOOD AVE. JACKSONVILLE FL 32250</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPD</b>
STREET ADDRESS	<b>PARKER, LINDA</b>
CITY - ST - ZIP	<b>5158-2 NORWOOD AVE. JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>OUM, JAE</b>
CITY - ST - ZIP	<b>8184 NORWOOD AVE. JACKSONVILLE FL 32250</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Receiver</b>
STREET ADDRESS	<b>Froehlich, Burt</b>
CITY - ST - ZIP	<b>5196 Norwood Ave. Jacksonville, FL 32208</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Burt H. Froehlich** **3/6/97** **904 764-7745**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006025

CR2E037 (9/96)