## FILE NOW; FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

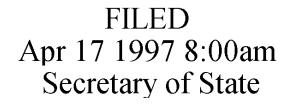
1. Corporation Name

N9400005800 (7)

GATEWAY OF ABUNDANT LIFE SYSTEMS, INC.

Principal Place of Business

Mailing Address





14612 NW 13TH MIAMI FL 33167	· - •	14612 NW 13TH ROAD Miami FL 33167-1114				-	3. Date Incorporated or Qualified 11/21/1994	3a. Da	ate of La 02/07	ast Re	port
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		<u> </u>	<del></del>	olied For
	NW BRd	26	h-1 "				65-0556448			-+	Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.					SR 75 Additional				
22 mi an	u' F L	27	·				5. Certificate of Status Desired Fee Required				
City & State		City & State					Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip 33/6	7 25 USA	Zip 29	30 Cou	intry				] Yes [	No	der s.	199.032,
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Re	egistered a	Agent		
				B1	Name	,					
RYAN, NOLVA 14612 NW 13TH ROAD				82 Street Addres			s (P.O. Box Number is Not Acceptal	ble)			
MIAMI F			'	83							
				84	City			FL	85	Zip C	ode
SIGNATURE _	Signature, typed or printed name of registered as OFFICERS Af	gent and title if applicable. (N	NOTE: Registere	d Age	eni signatu	re required v	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC	CTORS	S IN 12
TITLE	D	DELETE	1.1 17	TLE					Cha	inge	Addition
NAME	RYAN, NOLVA M		1.2 N	AME		)					
STREET ADDRESS	14612 NW 13TH ROAD		1.3 \$	TREET	ADDRESS	.	•				
CITY-ST-ZIP	MIAMI FL 33167		1.4 C	TY-S	ST-ZIP		<u> </u>				
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NAME	RYAN, RUPERT A 14612 NW 13TH ROAD		2.2 N		LADADEAC						
STREET ADDRESS	MIAMI FL 33167				i address St-Zip	1					
TITLE	D	DELETE	3.1 TI		31.51	+			Cha	ange	Additio
NAME	WILSON, MAISIE		3.2 N	AME							
STREET ADDRESS	1816 FIRWOOD COURT		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32818				ST-ZIP	<u> </u>			T-1-01		T1. 100
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NAME			5.2 N								
STREET ADDRESS			5.3 S	FREET	T ADDRESS	. [					
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STREET ADDRESS					T ADDRESS	1					
CITY-ST-ZIP		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			ST-ZIP	1	Continu 410 07/2)/i) Florido Statut	- 17		No ex A	L .

4. 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 is arn 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone # 0032161