FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED

15

DOCUMENT # P92000013194 (5)

1. GATEWAY BOULEVARD ASSOCIATES, INC.

11691 GATEWAY BLVD
FORT MYERS FL 33913

11691 GATEWAY BLVD
FORT MYERS FL 33913

2.	2a. Mailing Address	3.	3a.
21	26 801 Laurel Oak Drive	12/21/1992	04/18/1994
22	27 Suite 500	4. FEI Number 65-0377429	Applied For / Not Applicable
23	28 Naples, FL	5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
24 / 25	29 33963 / 30 USA	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.023, Florida Statutes. XX Yes [ ] No	

9. Name and Address of Current Registered Agent

DORAGH, PETER
11691 GATEWAY BLVD.
FORT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name: Peter Doragh
82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
83 Suite 500
84 City: Naples FL 85 Zip Code: 33963

11. SIGNATURE: 5/3/95

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	DP		[ ] Change [ ] Addition
NAME	KOSTE, B R		
STREET ADDRESS	801 LAUREL OAK DR., SUITE 500		
CITY-ST-ZIP	NAPLES FL 33963		
TITLE	VD		[ ] Change [ ] Addition
NAME	SCHMOYER, JH		
STREET ADDRESS	11691 GATEWAY BLVD		
CITY-ST-ZIP	FORT MYERS FL		
TITLE	AT		XX Change [ ] Addition
NAME	RIVER, CA		Rivera, C.A.
STREET ADDRESS	11691 GATE WAY BLVD		
CITY-ST-ZIP	FORT MYERS FL		
TITLE	AS		[ ] Change [ ] Addition
NAME	MCCLURE, RW		DELETE COMPLETELY
STREET ADDRESS	801 LAUREL OAK DR #500		
CITY-ST-ZIP	NAPLES FL		
TITLE	S		XX Change [ ] Addition
NAME	DORAGH, P. D.		
STREET ADDRESS	11691 GATEWAY BLVD.		801 Laurel Oak Drive, #500
CITY-ST-ZIP	FORT MYERS FL		Naples, FL 33963
TITLE	TD		XX Change [ ] Addition
NAME	BAKER, RW		Faust, R. E.
STREET ADDRESS	801 LAUREL OAK DR #500		
CITY-ST-ZIP	NAPLES FL		

14. [illegible certification text]

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter Doragh, Secretary

5/3/95 813/597-6061

NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # P92000013374 (3)

1. Corporate Name
MIKE'S GIFT SHOP NO. 2, INC.

Principal Place of Business: 824 S. ATLANTIC AVE. DAYTONA BEACH FL 32118

Mailing Address: 824 S. ATLANTIC AVE. DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 04/04/1994

4. FEI Number: 59-3155712 — 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 has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PASPALAKIS, CHRIS
824 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	PASPALAKIS, CHRIS	1 NAME	
STREET ADDRESS	250 SEAVIEW AVENUE	1 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] CHRIS PASPALAKIS 2-13-95 904 255 2793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0008747 CP