

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000006286 (7)

1. Corporation Name

WPB GATEWAY DEVELOPMENT CO.



Principal Place of Business

Mailing Address

C/O LINCOLN PROPERTY CO OF FLORIDA  
250 S ORANGE AVE., STE 100  
ORLANDO FL 32801  
US

C/O LINCOLN PROPERTY CO OF FLORIDA INC  
250 S ORANGE AVE., STE 100  
ORLANDO FL 32801  
US

3. Date Incorporated or Qualified  
01/26/1993

3a. Date of Last Report  
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number

65-0385431

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES  
1201 HAYS ST.  
TALLAHASSEE FL 32301

81 Name

N/A

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

Signature typed in print in Block 12 or Block 13, as appropriate.

NOTE: Registered Agent's signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE S/T  
NAME STANTON, MICHAEL V.  
STREET ADDRESS c/o SKOPBANK, 461 5th AVENUE  
CITY-ST-ZIP NEW YORK, NEW YORK 10017

TITLE P  
NAME RAIMO KORPINEN  
STREET ADDRESS c/o SKOPBANK  
CITY-ST-ZIP 461 5th AVENUE  
NEW YORK, NEW YORK 10017

TITLE V  
NAME CARL-FREDRIK LONDON  
STREET ADDRESS c/o SKOPBANK  
CITY-ST-ZIP 461 5th AVENUE  
NEW YORK, NEW YORK 10017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONAL REGISTERED AGENTS

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

300001748969  
-03/19/96--01048--040  
\*\*\*200.00

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)(k), 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 registered agent 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 in an attachment to an address.

SIGNATURE:

Michael V. Stanton

3/12/96

(212)696-7306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone