PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90069 038 ***150.00

DOCUMENT # P93000012172

1. Corporation Name

GATE INTERNATIONAL, INCORPORATED

Principal Place of Business Mailing Address						15 11 010 19 04 3 91 0 16 3	(00 18) 01 041
1001 YAMATO ROAD		9001 SW 94 STREET					
STE 405		SUITE #203		DO NOT WRITE IN THE SPACE			
BOCA RATON FL 33487		MIAMI FL 33176 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US		03			02/17/1993		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	add of Business	26 1001 YAMATO	D RO	41)	65-0389466		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional	
		27 SUITE 405		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·	
23		28 BOCA RATO		<u></u>	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip 2 3 4 8 7 5	Country	5	8. This corporation owes the current year in		□No
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	registered Agent	81	Name	10. Hand and realists of the state of the st		
RUTTENBERG, DAVID							
1001 YAMATO ROAD			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
STE 405			83				
BOCA RATON FL 33487						105 7in (
			84	City	FI	L 85 Zip C	,ode
agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes		ation's board of directors. I hereby accept the appearance of the appearance of the second of the appearance of the appe		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	_
TITLE	PTSD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	RUTTENBERG, DAVID P		1.2 NAME				
STREET ADDRESS	1001 YAMATO RD, STE 405		1.3 STREET	TADORESS			ĺ
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-S	T- ZIP		Change	☐ Addition
TITLE	C	☐ DELETE	2.1 TITLE	- [Change	Acuiton
NAME	GIRARD, SUZY M		2.2 NAME		·	•	l
STREET ADDRESS	1001 YAMATO RD, STE 405			TADDRESS			
CITY-ST-ZIP TITLE	BOCA RATON FL 33487	☐ DELETE	2. 4 C/TY-S 3.1 TITLE	51-ZP		☐ Change	Addition
NAME	O'REILLY, ROBERT C.		3.2 NAME		•		
STREET ADDRESS	1001 YAMATO ROAD, STE 405			T ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL 33487		3.4. CITY-S				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS		,	
CITY-ST-ZIP			4.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS	·		
CITY-ST-ZIP		_ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP		☐ Change	Addition
TITLE		□ DELETE	6.2 NAME			- Silonge	□ · •••••
NAME		1/	1	TADORESS			

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 armus 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 facilities of the properties of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the facilities are not supplementally that I am an officer or director of the corporation or the

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR