## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P93000056979

GATEWAY TOURS, INC.

7980 W IRLO BRONSON HWY **SUITE 1016** KISSIMMEE FL 34747

Principal Place of Business

Mailing Address

3000 SPLENDID CHINA KISSIMMEE FL 34747

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90292 024 \*\*\*793.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					08/12/1993			
2. Principal Pl	ncipal Place of Business 2a. Mailing Address				4. FEI Number	Ar	pplied For	
21	26				59-3196212	N/	ot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23 28					Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year	Intangible		
24	25	29 3	o		Personal Property Tax.	<b>∑</b> -Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
			81	Name				
YANG, GUANG 3000 SPLENDID CHINA BLVD. KISSIMMEE FL 34747				82 Street Address (P.O. Box Number is Not Acceptable)				
								83
							L	
			84	City	F	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above	e-named cor	poration submits this statement for the purpose	of changing its	s registered	
office or re	egistered agent, or both, in the State of	f Florida. Such change was aut	horized by	/ the corporat	tion's board of directors. I hereby accept the app	ointment as re	egistered	
agent. I a	m familiar with, and accept the obligation	ans of, Section 607.0505, Fioric	ia Statute:	S.				
SIGNATURE		AIOTE 5	and the second state	ent eigensture regum	red when reinstating) DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	int signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE		DELETE 1.1 T				☐ Change		
	PDS						_	
NAME	YANG, GUANG		1.2 NAME	T 4000500				
STREET ADDRESS	3000 SPLENDID CHINA BLVD.		1.3 STREET ADDRESS					
CITY-ST-ZIP	FI DOLLET		1.4 CITY-5	ST-ZIP		Change	Addition	
TITLE	-		2.1 TITLE 2.2 NAME			Critaingo		
NAME	210, 10211110							
STREET ADDRESS	OUT OF FELLEN CHILLY DELD.			ET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34747		2. 4 CITY-	ST-ZIP			C3 4 4 4 10	
TITLE	☐ DELETE 3:		3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZiP			<u>_</u>	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	<u> </u>				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	h	☐ DELETE	51 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-1					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
				ET ADDRESS				
STREET ADDRESS			6.4 CITY-	1				
CITY-ST-ZIP	<u> </u>	At : Gir d at suglifufer t			Costion 119 07(2)(i) Florida Statutos I further		1-6 41	

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 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, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)