FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000072924 (2)

1. Corporation Name
GATEWAY RESOURCES CORPORATION

Principal Place of Business	Mailing Address
4280 REFLECTIONS BLVD. SOUTH #102 SUNRISE FL 33351	4280 REFLECTIONS BLVD. SOUTH #102 SUNRISE FL 33351

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 04/27/1995

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

4. FEI Number: 65-0444058 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRISWOLD, CARL F
4280 REFLECTIONS BLVD. SOUTH
#102
SUNRISE FL 33351

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

TITLE	PVPD	☐ DELETE
NAME	GRISWOØD, CARL F	
STREET ADDRESS	4280 REFLECTIONS BLVD SUITE 102	
CITY-ST-ZIP	SUNRISE FL	
TITLE	STD	☐ DELETE
NAME	GRISWOØD, ESTHER M	
STREET ADDRESS	4280 REFLECTIONS BLVD SUITE 102	
CITY-ST-ZIP	SUNRISE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVPD	☐ Change ☐ Addition
1.2 NAME	GRISWOLD, CARL F.	
1.3 STREET ADDRESS	4280 REFLECTIONS BLVD SO. #102	
1.4 CITY-ST-ZIP	SUNRISE, FL.	
2.1 TITLE	STD	☐ Change ☐ Addition
2.2 NAME	GRISWOLD, ESTHER M.	
2.3 STREET ADDRESS	4280 REFLECTIONS BLVD SO #102	
2.4 CITY-ST-ZIP	SUNRISE, FL.	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-24-96 Daytime Phone #: (407) 347-0007

CR2E034 (12/95)