

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 # P94000004910 (3)

1. Corporation Name

GATEWAY CENTER, INC.



Principal Place of Business

Mailing Address

~~NORMAN SILVER @ MODERMOTT, WILL & EMERY~~
~~201 S. DISOLAYNE BLVD., 22ND FLOOR~~
~~MIAMI FL 33131-4335~~

~~NORMAN SILVER @ MODERMOTT, WILL & EMERY~~
~~201 S. DISOLAYNE BLVD., 22ND FLOOR~~
~~MIAMI FL 33131-4335~~

3. Date Incorporated or Qualified
01/20/1994

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 1750 E. Sunrise Blvd.

26 1750 E. Sunrise Blvd.

4. FEI Number

APPLIED FOR 65-0479154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

24 Zip 33304 25 Country

29 Zip 33304 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARVALHO, JEAN
1750 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS LEVAN, ALAN B
CITY-ST-ZIP 1750 E SUNRISE BLVD
FT LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DP
STREET ADDRESS GRIECO, FRANK V
CITY-ST-ZIP 1750 E SUNRISE BLVD
FT LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP
STREET ADDRESS O'NEILL, JOHN P
CITY-ST-ZIP 1750 E SUNRISE BLVD
FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS CARVALHO, Jean
CITY-ST-ZIP 1750 E SUNRISE BLVD
FT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS EANES, JASPER R
CITY-ST-ZIP 1750 E SUNRISE BLVD
FT LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Jean Carvalho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jean Carvalho, SVP/Secretary

3/29/96 (954) 760-5018
Date Daytime Phone #

CR2E034 (12/95)