Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90167 022 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000004910

1. Corporation Name

GATEWA	AY CENTER, INC.				
					<b></b>
Principal Flace		Mailing Address			
1750 E. SUNRISE BLVD. 1750 E. SUNRISE BLVD. FT. LAUDEFDALE FL 33304 FT. LAUDERDALE FL 33304			}		
FI. EMUDERUM	LE FL 33304	FI. ENGDERDACE TE 333034		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	
				01/20/1994	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-04791 <u>54</u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Otatus Desired	Fee Required
City & Stat	e	City & State		6. Electicin Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	
24	25	29 3	<u>o                                     </u>	Personal Property Tax.	Yes No
	9. Name and Address of (	Current Registered Agent	81 Name	10. Name and Address of New Registe	ere a Agent
CAR	VALHO, JEAN		1	ACK A. FURMAH	175Q,
	EAST SUNRISE BLVD.		82 Street Ac	Idress (P.O. Bo) Number is Not Acceptable	BLUD.
	LAUDERDALE FL 33304			O E. SUHRISE	31000
71.1	LAUDENDALE I E 33307		83		
			84 City	: LAULENSALE	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 6	07.0502 and 607.1508. Florida Statutes	, the above-named co	rnoration submits this statement for the nursus	se of changing its registered
office or r	egistered agent, or both, in the	State of Florida, Such change was autional obligations of, Section 607.0505, Florida	horized by the corpora	ation's board of directors. I hereby accept the a	ipp ointment as reg stered
	im iamiliar viitii, and accept us	Obligators of Section 607.0000, Privile	a Statutes.		2/2/99
SIGNATURE	Signature, typed or printed ha ne of regist	ered agent and title if applicable. (NOT E: R	egistered Agent signature requ	ired when reinstating) DAT	- <del> </del>
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOF:S IN 12
TITLE	D V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVAN, ALAN B		12 NAME		
STREET ADORESS	1750 E SUNRISE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		Change Addition
NAME	GRIECO, FRANK V		2.2 NAME		
STREET ADDRESS	1750 E SUNRISE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LADUERDALE FL		2. 4 CITY- ST-ZIP	<b>.</b>	
TITLE	S	DELETE	3.1 TITLE	BC'Y/TNE45. TANETT S. LEVAN 1750 B. SUYNISE ET. LAUDENDALE, F	Change Addition
NAME	CARVALHO, JEAN		32 NAME	GRETT S. LEVAN	
STREET ADDRESS	ATEN E OLINIDIOE OLIVO		33 STREET ADDRESS	750 B. SUYNISE	BLUD.
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-ST-ZIP	ET. LAUDERDALE F	24.33304
TITLE	T	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EANES, JASPER R		4. 2 NAME		
STREET ADDRESS	1750 E SUNRISE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LADUERDALE FL		4.4 CITY-ST-ZIP		
TITLE	<del>_</del>	☐ DELETE	5.1 TITLE		Change Addition
NAME			-		
			5.2 NAME		
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS					
		DELETE	5.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		DELETE	5.3 STREET ADORESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING DEPTCER OR DIRECTOR

954-760-1465