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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000014712 (1)

1. Corporation Name

MAIN GATE MANAGEMENT, INC.

Principal Place of Business
5678 IRLO BRONSON HWY.
KISSIMMEE FL 34746

Mailing Address
5678 IRLO BRONSON HWY.
KISSIMMEE FL 34746-4709



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
02/23/1994

3a. Date of Last Report
04/29/1996

4. FEI Number

59-3222906

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

WHAPLES, TERRY
5678 IRLO BRONSON HWY.
KISSIMMEE FL 34746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WHAPLES, TERRY
STREET ADDRESS 5678 IRLO BRONSON HWY.
CITY-ST-ZIP KISSIMMEE FL

DELETE

TITLE D
NAME LANDWIRTH, HENRI
STREET ADDRESS 5401 KIRKMAN RD., SUITE 300
CITY-ST-ZIP ORLANDO FL 32819

DELETE

TITLE D
NAME QUINN, JOHN H
STREET ADDRESS P.O. BOX 941539 N/A
CITY-ST-ZIP MATLAND FL 32794-1539

DELETE

TITLE D
NAME GLENN, JOHN
STREET ADDRESS 7208 EAGLE RIDGE DR.
CITY-ST-ZIP BETHESDA MD 20817

DELETE

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE V
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE V
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

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

Change Addition

5.1 TITLE S/T
5.2 NAME MICHAEL D. CASSARA JR
5.3 STREET ADDRESS 1335 P S. R. 535
5.4 CITY-ST-ZIP ORLANDO, FL 32821

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE:

Terry Whaples
REQUIRED

3/18/97

407/396-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)