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

PROFIT CORPORATION ANNUAL REPORT

1998



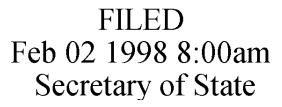
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052146 (5)

KINGSGATE DEVELOPMENT, INC.





						BÍÐAÐ 4600 B.KURIL BIÐAÐ 2 417 4 00 1
	ce of Business	Mailing Address				
13909 KING			4307 NORTHRIDGE ROAD			
HUDSON FL 34667		LOURPORT NT 14084	LOCKPORT NY 14094		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					07/14/1994	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3255459	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		27			C. Communic of States Scotted	Fee Required
	<u> </u>				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	710	Zip Country		Trust Fund Contribution	Added to Fees
24	25	· · · · · · · · · · · · · · · · · · ·	30 Coding	,	8. This corporation owes or has paid the o	
<u> </u>	g. Name and Address of Curro	29 ent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	<u></u>
C/	APITAL CONNECTION, INC.		81	Name	10, 110,110,110,110,110,110,110,110,110,	u Agum
	7 E VIRGINIA ST					
	LLAHASSEE FL 32302		82	Street Add	iress (P.O. Box Number is Not Acceptable)	
· · · · · · · · · · · · · · · · · · ·			83			
			84	City	F	85 Zip Code
SIGNATURE	am familiar with, and accept the obli- Signature, typed or printed name of registered a				airod when roinstating) DATF	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	D OLADY DONALD O	DELETE	1 1 10 LE			Change Addition
NAME	CLARK, DONALD S		12 NAME			
STREET ADDRESS	4307 N RIDGE RD LOCKPORT NY 14094		1.3 STREET	ADDRESS		
CITY-ST-ZiP	LOCKFORT NT 14094	- December	1.4 CITY - S	1 - ZIP		
TITLE	L.J DELETE		2.1 TITLE			L. Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 5 3.1 TITLE	ST-ZIP		Change Addition
NAME						Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.3 STREET			
TITLE		DELETE	4.1 10TLE	411		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADORESS		
CITY-ST-ZIP			4.4 CITY - S			
TITLE	,	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CiTY-S	I - ZIP		
TITLE	-	☐ DELETE	61 TITLE			☐ Change ☐ Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 \$1REET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	r- ZIP		

14. 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 eath; 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.