## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P94000060857 (7)

## **GATEWAY HOLDING CORPORATION**

SALESTING COM CAPTION						
Principal Place	e of Business	Mailing Address			L LEADISON ALO VENT DONN ORNIL BOLIN DON	i gaşıdı əşgir oddər hödər ölyik iddil tödə
1489 PALMETTO PARK ROAD SUITE 300 BOCA RATON FL 33486 US		1489 PALMETTO PARK ROAD SUITE 300 BOCA RATON FL 33486 US			Date of Last Report	
2 Proving D	lace of Business	00 11 20 011			08/18/1994	03/16/1995
21		2a. Mailing Address 26			4. FEI Number 65-0537685	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zgo	Country	Zφ	Zip Country		This corporation has liability for intangible tax under s 199.032,	
24	9. Name and Address of Curre	29	30	<del></del>	Florida Statutes  Yes	) No
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Regis	itered Agent
ZEDECK	K, DAVID L					
1820 N.E. 163RD STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	MIAMI BEACH FL 33162		83			
			84	City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above-	l named corpor	ration submits this statement for the purpose rd of directors. I hereby accept the appointn	of changing its registered office
or register familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Sei	irida. Such change was authoriz ction 607.0505, Florida Statutes	ed by the cond s.	oration's boa	ird of directors. I hereby accept the appointn	nent as registered agent. I am
SIGNATURE	grant and the second and the second					
12.	Signature, typed or printed name of registered age	nn and tide if applicable (NC ND DIRECTORS	TE Registered Ager	al signature require		DATE
THUE	PD	T DELFTE	1.1 TITLE	<del></del> -	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME:	HIMES, WILLIAM E		1.2 NAME			Cleude Clyantion
STREET ADDRESS	1489 PALMETTO PARK RD.	. <b>#3</b> 00	1.3 STREET	ADDRESS		
CITY - ST - ZIP	BOCA RATON FL	, , , , , , , , , , , , , , , , , , , ,	1.4 CITY - 5		·	
1111.6	SD	☐ DELETE	2 1 TITLE			Change Addition
NAME	ZEDECK, MURRAY		22 NAME			
STHEFT AUDRESS 1489 PALMETTO PARK RD., #36		<b>#</b> 300	23 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL		2.4 CITY - S	I - ZIP		
THE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREE			
CHY+S1+ZIP THLF		DELETE	3.4 C(TY - S 4. 1 T(TLE	T-ZIP		
NAME		C) present	4. 1 HILE 4.2 NAME			☐ Change ☐ Addition
STREET ADDRESS				ADDRESS		,
CITY-ST-ZIII			4.3 STREET 4.4 CITY - S			
TIT: F		DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			52 NAME			
STREET ADDRESS			53 STREET	ADDRESS		
CITY-S*-7P			5 4 CiTY - S	T - 21P		
THEF		DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREFT	ADDRESS:		
CHY-SI-ZIP	continuity that the information and the	to the state of th	64 CITY-S	T-ZIP		
oath; that i		idal report or supplemental anni oration or the receiver or truster	uai report is tru e empowered t		or the exemption stated in Section 119.07(3) te and that my signature shall have the same s report as required by Chapter 607, Florida	

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. HIMES 1/31/96
IG OFFICER OR DIRECTOR Colle

407-347-0007 Daylimie Phone #