FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 AM 8:48

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073300 (3)

1. Corporation Name

GATEKEEPER REALTY, INC.

Principal Place of Business	Mailing Address
1499 WEST PALMETTO PARK ROAD STE. 117 BOCA RATON FL 33486	1499 WEST PALMETTO PARK ROAD STE. 117 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1994

3a. Date of Last Report:

2. Principal Place of Business
21: 499 E. Palmetto Park Rd.
22: Suite, Apt. #, etc.
23: City & State: Boca Raton, FL
24: Zip: 33432
25: County: USA

2a. Mailing Address
26: 499 E. Palmetto Park Rd.
27: Suite, Apt. #, etc.
28: City & State: Boca Raton, FL
29: Zip: 33432
30: County: USA

4. FEI Number: 650525295 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOBRUTTO, PETER
1499 WEST PALMETTO PARK ROAD
STE. 117
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: Peter LoBrutto
82 Street Address (P.O. Box Number is Not Acceptable): 499 E. Palmetto Park Rd.
83:
84 City: Boca Raton FL 85 Zip Code: 33432

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: _____ DATE: _____
(Appointed Registered Agent and Title, if applicable) NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LOBRUTTO, PETER	1.2 NAME	
STREET ADDRESS	1499 WEST PALMETTO PARK ROAD	1.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33486	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 exemptions 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 added by attachment with an "X" in Block 13.

SIGNATURE: Peter LoBrutto
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR

4/1/95
Date

(407) 395-4400
Daytime Phone #

037A002 CP