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TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000082911

1. Corporation Name

GULF GATE GROUP INC

Principal Place of Business	Mailing Address
4590 CAPRI DR NAPLES FL 33940	BOX 9952 NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-14-94	3a. Date of Last Report
4. FEI Number: 65-0535069	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ANTHONY M. SCARDELLETTI
82 Street Address (P.O. Box Number is Not Acceptable): 4590 CAPRI DR
83
84 City: NAPLES FL 85 Zip Code: 33940

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: Anthony M. Scardelletti 7-19-95
Signature of Registered Agent (required when mailing) Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME SCARDELLETTI, ANTHONY M STREET ADDRESS 4590 CAPRI DR CITY ST ZIP NAPLES FL 33940	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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14. I/We hereby certify that the information supplied with this filing is absolutely true and correct and 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 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 above, or on an attachment with an address.

SIGNATURE: Anthony M. Scardelletti 5/31/95 813 263-3221
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone Number

KW