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 MAR -2 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085051 (8)

1. Corporation Name
GATEWAY RESORT PROPERTIES INC.

Principal Place of Business	Mailing Address
16 ANDREWS AVE DELRAY BEACH FL 33483	16 ANDREWS AVE DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0535741	☐ Applied For ☐ Not Applicable
21 2875 South Ocean Blvd	26 2875 South Ocean Blvd		
Suite, Apt. #, etc.: 22 104	Suite, Apt. #, etc.: 27 104	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 Palm Beach, Florida	City & State: 28 Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 33480 Country: 25	Zip: 29 33480 Country: 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARCAISE, FRANK 16 ANDREWS AVE DELRAY BEACH FL 33483	81 Name: FRANK P. MEHOK JR., ATTY 82 Street Address (P.O. Box Number is Not Acceptable): 610 E. ATLANTIC AVE 83 84 City: DELRAY BEACH FL 85 Zip Code: 33483

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] 2-22-95
(Attach typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D-P-S-T	1.1 TITLE	☐ Change ☐ Addition
NAME	CARCAISE, FRANK	1.2 NAME	
STREET ADDRESS	16 ANDREWS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	REGISTER, JAMES	2.2 NAME	BONNIE ALBERT J.
STREET ADDRESS	16 ANDREWS AVE	2.3 STREET ADDRESS	3294 NW 6TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
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 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: [signature] Frank Carcaise 2/24/95 407-533-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076680 CP