

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000091102 (1)

1. Corporation Name

GATES ASSOCIATED GROUP, INC.



Principal Place of Business

8799 N.W. 47 DR.
CORAL SPRINGS FL 33067

Mailing Address

8799 N.W. 47 DR.
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

This is 1st

2. Principal Place of Business

2a. Mailing Address

21 22308 Timberly Drive
Suite, Apt. #, etc

26 22308 Timberly Drive
Suite, Apt. #, etc

4. FEI Number

65-0544059

Applied For

Not Applicable

22 Private House

27 Private House

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33428

25 P.B.

29 33428

30 P.B.

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

STILLMAN, BORIS
22308 TIMBERLY DR.
BOCA RATON FL 33428

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Boris Stillman

1/22/96

Signature of officer or director of corporation or receiver or trustee

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1.2 NAME
STREET ADDRESS
CITY - ST - ZIP
1.3 STREET ADDRESS
CITY - ST - ZIP
1.4 CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2.2 NAME
STREET ADDRESS
CITY - ST - ZIP
2.3 STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3.2 NAME
STREET ADDRESS
CITY - ST - ZIP
3.3 STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4.2 NAME
STREET ADDRESS
CITY - ST - ZIP
4.3 STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5.2 NAME
STREET ADDRESS
CITY - ST - ZIP
5.3 STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6.2 NAME
STREET ADDRESS
CITY - ST - ZIP
6.3 STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Boris Stillman

1/22/96 407-8835588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)