


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000036825 (4)**

1. Corporation Name

**GATEWAY APPLICATIONS, INC.**



Principal Place of Business <b>8725 NW 18 TERRACE, #105 MIAMI FL 33172</b>	Mailing Address <b>8725 NW 18 TERRACE, #105 MIAMI FL 33172</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>260 1st Ave North</b> Suite, Apt. #, etc. 22 <b>Suite 1</b> City & State 23 <b>Ketchum ID</b> Zip 24 <b>83340</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 1766</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ketchum ID</b> Zip 29 <b>83340</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>05/10/1995</b>	4. FEI Number <b>65-0642665</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SMITH, STEPHEN H 8725 NW 18 TERRACE, #105 MIAMI FL 33172</b>				10. Name and Address of New Registered Agent 81 Name <b>Alhambra Registered Agents, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2 Alhambra Plaza Ste 1202</b> 83 84 City <b>Coral Gables</b> <b>FL</b> 85 Zip Code <b>33134</b>			
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11. Pursuant to the provisions of Sections 607.0505 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. **ALHAMBRA REGISTERED AGENTS, INC.**

SIGNATURE ☒ By: *Martin J. Genauer* **Martin J. Genauer, Vice President** **April 22, 1998**  
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
	<b>D</b>	<b>SMITH, STEPHEN H</b>	<b>8725 NW 18 TERRACE, #105 MIAMI FL 33172</b>		<b>President, Director, Treasurer</b>	<b>Michael E Cortese</b>	<b>260 1st Ave North Ketchum ID 83340</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
	<b>D</b>	<b>WIRTH, JEFFREY K</b>	<b>110 LUPPER AVE WHITEFISH MT</b>		<b>D, CEO, S</b>	<b>Wirth, Jeffrey K.</b>	<b>110 Luper Avenue Whitefish, MT 59937</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I hereby certify that the information supplied with this filing 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 (changed, or on an attachment) with an address.

SIGNATURE: *Michael E Cortese* **Michael E Cortese** **4/21/98** **208-726-3624**

CP2E034 (10/97)