SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

STREET ADDRESS

CITY-ST-ZIP

FILED PROFIT Aug 05 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** P95000039189 (2) DOCUMENT # GATEWAY FINANCE COMPANY OF ORLANDO, INC. Principal Place of Business Mailing Address 2000 WEST COLONIAL DR. 2000 WEST COLONIAL DR. ORLANDO FL 32804 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3325842 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NESHEIM. PAMELA SIMON 2000 WEST COLONIAL DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 Zip Code 11. Pursuant to the prooffice or registered Statutes, the above-named corporation submits this statement for the purpose of changing its registered 7.8502 and 607.1508 Flori State of Florida. Such char obligations of, Section 607 or both was authorized by the corporation's board of directors. I hereby accept the appointment as registered 5, Florida Statutes. agent. I an SIGNATURE Signature, typed or printed name stored Agent eighature required when reinstating) ERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE DELETE 1.1 TITLE Change Addition NAME **NESHEIM. PAMELA SIMON** 1.2 NAME 2000 WEST COLONIAL DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 1.4 City-St-ZiP DELETE 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 DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 T#TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME

6.3 STREET ADDRESS

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7/21/90

6.4 CITY-ST-ZIP 14. I do 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 apport is rupplied mental 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 of rustice 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 an an attachment with an address

iment with an address