

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

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # P95000039189 (2)**  
 1. Corporation Name  
**GATEWAY FINANCE COMPANY OF ORLANDO, INC.**



Principal Place of Business: **2000 WEST COLONIAL DR. ORLANDO FL 32804**  
 Mailing Address: **2000 WEST COLONIAL DR. ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **3701 West Colonial Dr.**  
 Suite, Apt. #, etc.  
 22  
 City & State: **Orlando, FL**  
 23  
 Zip: **32808**  
 Country: **Orange**

2a. Mailing Address  
 26 **3701 West Colonial Dr.**  
 Suite, Apt. #, etc.  
 27  
 City & State: **Orlando, FL**  
 28  
 Zip: **32808**  
 Country: **Orange**

3. Date Incorporated or Qualified: **05/15/1995**

4. FEI Number: **59-3325842**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
**NESHEIM, PAMELA SIMON**  
**2000 WEST COLONIAL DR.**  
**ORLANDO FL 32804**

10. Name and Address of New Registered Agent  
 81 Name: **Pamela Nesheim**  
 82 Street Address (P.O. Box Number is Not Acceptable): **3701 W. Colonial Drive**  
 83  
 84 City: **Orlando** FL 85 Zip Code: **32808**

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]* **Pamela J Nesheim President** DATE: **6/9/98**  
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D.</b>	<input type="checkbox"/> DELETE
NAME	<b>NESHEIM, PAMELA SIMON</b>	
STREET ADDRESS	<b>2000 WEST COLONIAL DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D, P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Nesheim, Pamela</b>		
1.3 STREET ADDRESS	<b>3701 W. Colonial Dr.</b>		
1.4 CITY-ST-ZIP	<b>Orlando, FL 32808</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 if changed, on an attachment, with an address.

SIGNATURE: *[Signature]* **President** DATE: **6/9/98**

CR2E034 (10/97)