## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15. 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

CITY-ST-ZIP

P95000039189

GATEWAY FINANCE COMPANY OF ORLANDO, INC.

Mailing Address Principal Place of Business का W COLONIAL DR 3701 W COLONIAL DR CRIANDO FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 05/15/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3325842 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes the current year ☐ No Yes 29 30 Intangible Personal Property. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NESHEIM. PAMELA 82 Street Address (P.O. Box Number is Not Acceptable) 3701 W COLONIAL DR ORLANDO FL 32808 83 Zip Code 84 City 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, of 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 adopt the obligations of, section 607.0505, Florida Statutes. Neshein President <u>Yamela</u> SIGNATURE CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change Addition TITLE \_\_ DELETE NESHEIM, PAMELA 1.2 NAME NAME 3701 W COLONIAL DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32808 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 21 T/TIE Change 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIE CITY-ST-ZIE TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE \_\_\_ Change | Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 chapted or on an attachment with an address. 30/99 SIGNATURE:

6.4 CITY-ST-ZIP

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FILED

Jul 15, 1999 8:00 am

Secretary of State

07-15-1999 90013 014 \*\*\*550.00