## SECOND NOTICE: CORPORATION WILL BE DISSCILVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000043257 (1)

## GATEWAY CARRIER SERVICES, INC.

Principal Place of Business		Mailing A	ooress					
17925 SW FIRS PEMBROKE PIN			P.O. BOX 822255 SOUTH FLORIDA FL 33082-2255					·
						3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last	
Principal Pla	ce of Business	2e. Mailini	2e. Mailing Address			4. FEI Number	h	Applied For
		26				\$ 05853H		Not Applicati
Suite, Apt. #	, etc.	<u></u> ⊢ '	Suite, Apt. #, etc			<b>5.</b> Certificate of Status Desired <b>\$8.75</b> Additional Fee Required		
City & State		27 City &	State			6. Election Campaign Financing		May Be
City & State		28	Ollato			Trust Fund Contribution		d to Fees
Zip Country				Countr	y	This corporation has liability for inlangible tax under s. 199 032.		
	25	29	30			Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Registered A	\gent	81	1 Name	10. Name and Address of New He	gistered Agent	
# BAK	alar, steven			*'	INAME			
17925 SW FIRST ST.					2 Street Add	dress (P.O. Box Number is Not Acceptable)		
PEM	ibroke pines FL 33029			8:	3			
•								
				8-	4 City		FL  85   Zij	p Code
D. way and to	the provisions of Sections 607.05	02 and 507 1508	8 Florida Statu	les the abov	e-named corr	poration submits this statement for the p	urpose of changing	ls registere
office or re	gistered agent, or both in the State n familiar with, and accept the obliq	ool Houda, St.Cl	n chandé was i	aumorzeu o	v me comora:	ion's board of directors. I hereby about	rut, abbounnent aa	regranice
GNATURE _	Signature, typod or protections, of trap bried at	nest and the dispet, of	Eta: (NO	DIE Rous end A	dent sagnarate terbi	with the manufactor of the state of the stat	CiAlt	
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	ny certify that the information suppl	lied with this film	g is voluntarily	turnished an	d does not ou	alify for the exemption stated in Scotion	119 07(3)(k) Florida	Statutes I
further ce	ertify that the information indicated of	on this annual re- ctor of the coro	eport or supplet pration or the re	mentar annua eceiver or tru	at report is true stee empower	e and accurate and that my signature sl red to execute this report as required by		
that my n	ame appears in Block 12 or Block 1	3 if changed, or	on an attachn	nent with an a	address.			
	(E)	<b>C</b> ,				31 <u>9</u> 6	0(4)433.6	$\mathcal{C}\mathcal{C}$

SIGNATURE:

SIGNATURE AND TYPED OR PRIN FED NAME OF SIGNING OFFICER OR DIRECTOR