

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 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 # P95000051586 (2)

1. Corporation Name

GATEWAY AIRPORT SERVICES, INC.



Principal Place of Business

9190 NW 100 ST
MEDLEY FL 33178
US

Mailing Address

9190 NW 100 ST
MEDLEY FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1995

4. FEI Number

65-0595270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 9372 NW 101 ST
Suite, Apt. #, etc.

2a. Mailing Address

26 9372 NW 101 ST
Suite, Apt. #, etc.

23 City & State

MEDLEY, FL
Zip 33178 Country USA

27 City & State

MEDLEY, FL
Zip 33178 Country USA

9. Name and Address of Current Registered Agent

MAMONE, GRACE
1960 AUGUSTA TERRACE
CORAL SPRING FL 33071

81 Name

JOHN MAMONE

82 Street Address (P.O. Box Number is Not Acceptable)

1960 AUGUSTA TERRACE

83

84 City

CORAL SPRINGS

FL

85 Zip

33071

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP PRES MAMONE, GRACE ☒ DELETE

1960 AUGUSTA TERR

CORAL SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PSTD ☐ Change ☒ Addition

JOHN MAMONE

1960 AUGUSTA TERRACE

CORAL SPRINGS, FL 33071

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VP PRES ☐ Change ☒ Addition

RUBEN TORRES

8029 SW 134CT.

MIAMI, FL 33183

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

DIRECTOR ☐ Change ☒ Addition

JOHN MANNING

7770 W OAKLAND PK BLVD

SUNRISE, FL 33151

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE: JOHN MAMONE - Pres. 6-30-98 305-880-8100

CR2E034 (5/98)