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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060255 (3)

GREEN GATE CORPORATION

Principal Place of Business Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



362 LAKE BREEZE CIRCLE LAKE MARY FL 32746			362 LAKE BREEZE CIRCLE LAKE MARY FL 32746-6046					
				<u>.</u>	3. Date Incorporated or Qualified 08/02/1995	3a. Date of Last Report 08/23/1996		
_ ·	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 Suite Ant	# 616	26 Suita Anti # sta			59-3330641		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes					
	9, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	gistered Agen	t	
WAI	LSH, CHARLES M		81 Name					
362	LAKE BREEZE CIRCLE E MARY FL 32746		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
L-7/1	E MM/II FE DEITO		8	3				
			8	4 City		FL 85	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508, Florida S state of Florida. Such change v bligations of, Section 607.050	tatutes, the aboves authorized 5, Florida Statut	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept		nging its registered nent as registered	
SIGNATURE	Signature, typed or printed name of registers	oldsplans highlight breakings be	/NC)11 Registered A	Ocht signature teou	ited when reinstating)	DATE		
12.		AND DIRECTORS	13.	gont signature redo	ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12	
TITLE	D	DELETE	1,1 TITLE	·			hange Addition	
NAME	WALSH, CHARLES M		1.2 NAM]	
STREET ADDRESS	362 LAKE BREEZE CIRCLI	E	1,3 STRE	ET ADDRESS			lì	
CITY-ST-ZIP	LAKE MARY FL 32746		1,4 CITY			<u> </u>		
TITLE	D	☐ DFLETE					Change L Addition C	
NAME	WALSH, CLAIRE	,	. 2.2 NAM			1.2		
STREET ADDRESS CITY-ST-ZIP	362 LAKE BREEZE CIRCLI LAKE MARY FL 32746	5		ET ADDRESS - \$1-zip				
TITLE	ENNE MANTEL DETTO	DELETE				П	hange Addition	
NAME		 -	3.2 NAM	ı		-		
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP			3.4. CITY	- \$1 - ZIP				
TITLÉ		☐ DELETE	4.1 TITLE				change	
NAME			4. 2 NAM	F				
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP		T DELETE	4.4 CITY				Denna delica	
TITLE NAME		Defete	•				Change L Addition	
STREET ADDRESS			5.2 NAM 5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	<u>:</u> -		5.4 CITY					
TITLE		DELETE					Change Addition	
NAME	$\lambda_{\rm c}$	-	6.2 NAM				· - ·	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	S1-ZIP				

14. Ido hereby certify that the information supplied with this filling 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.