

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000062343 (5)**

1. Corporation Name

MAIN GATE DEVELOPMENT, INC.



Principal Place of Business

**307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020**

Mailing Address

**P.O. BOX 8020
HALLANDALE FL 33008**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KORN, GARY A
20803 BISCAYNE BLVD.
SUITE 200
ALACHUA FL 33180**

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

4. FEI Number

65-0608837

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

Aventura

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	13.
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not guilty for the exception as stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or changed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Birdman

3/26/96 954-922-6070

CR2E034 (12/95)