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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000068560	(8)
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GATEV	WAY MUSIC CO.							
Principal Place	e of Business	Mailing Address					ar foldi allı	io diffi ogli iggi
4942 EBENSBURG DRIVE 4942 EBENSBURG DRIVE TAMPA FL 33647-1382 TAMPA FL 33647-1382								
			— -····		3. Date incorporated or Qualified 09/06/1995	3a. Date	of Last F	Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59 - 334) 650		Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc		-·· - ·····		¢o.			Tyot Applicable 5 Additional	
22		27						Required
City & Stat		City & State		-	Election Campaign Financing Trust Fund Contribution			00 May Be and to Fees
Zip 24	Country 25	Ζφ 29]	Count	ry	This corporation has liability for Florida Statutes	intangibie ta	x under s	199.032,
<u></u>	g. Name and Address of Curre	ent Registered Agent		.1	10. Name and Address of New F	Registered /	Agent	
THE I AL	W FIRM OF LAWRENCE J SPIE	CEL CUDTO	8	1 Name				
	W FIRM OF LAWRENCE J SPIE! MERIA AVENUE	GEL CHRID	8	2 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	CORAL GABLES FL 33134		8	3				
							-, ,-	
	_		6	1,	ration submits this statement for the pu	FI		p Code
SIGNATURE	Signature Typed or prefet name of registered age.	rolane trapples (%) ND DIRECTORS	Ole Bugstero Ag	ki il sejuaturo respons		DATE		
TITLE	PSTD	DELETE	1 1 III()		ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
NAME	CASTLE, ANDREW PAUL	_	1.2 NAM			L.] C 14.19.	☐ M20 0001
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City ST-ZIP

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Flonds 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 trustue empowered to execute this report as required by Chapter 60°, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attribinent with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Florida

Dist