

FLORIDA
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Bandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # **GATEHOUSE TECHNOLOGIES, INC.**
1. Corporation Name

P 96 000057174

Principal Place of Business: 304 SW 9 ST FT LAUDERDALE, FL 33315
Mailing Address: 1126 S FED HWY., SUITE 202 FT LAUDERDALE, FL 33315

3. Date Incorporated or Qualified: 8/96
3a. Date of Last Report: N/A
4. FEI Number: 65-0683710 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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
LARRY RUNESTAD
304 SW 9 ST
FT LAUDERDALE, FL 33315

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. FL
86. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: (Signature of Agent or Director) (PRINT: Signature of Agent or Director (required when remaining)) (DATE)

12. OFFICERS AND DIRECTORS
1. TITLE: PRESIDENT
2. NAME: LARRY RUNESTAD
3. STREET ADDRESS: 304 SW 9 ST
4. CITY-ST-ZIP: FT LAUD, FL 33315
5. TITLE: [] DELETE
6. NAME:
7. STREET ADDRESS:
8. CITY-ST-ZIP:
9. TITLE: [] DELETE
10. NAME:
11. STREET ADDRESS:
12. CITY-ST-ZIP:
13. TITLE: [] DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
17. TITLE: [] Change [] Addition
18. NAME:
19. STREET ADDRESS:
20. CITY-ST-ZIP:
21. TITLE: [] Change [] Addition
22. NAME:
23. STREET ADDRESS:
24. CITY-ST-ZIP:
25. TITLE: [] Change [] Addition
26. NAME:
27. STREET ADDRESS:
28. CITY-ST-ZIP:
29. TITLE: [] Change [] Addition
30. NAME:
31. STREET ADDRESS:
32. CITY-ST-ZIP:
33. TITLE: [] Change [] Addition
34. NAME:
35. STREET ADDRESS:
36. CITY-ST-ZIP:
37. TITLE: [] Change [] Addition
38. NAME:
39. STREET ADDRESS:
40. CITY-ST-ZIP:
41. TITLE: [] Change [] Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-ST-ZIP:
45. TITLE: [] Change [] Addition
46. NAME:
47. STREET ADDRESS:
48. CITY-ST-ZIP:
49. TITLE: [] Change [] Addition
50. NAME:
51. STREET ADDRESS:
52. CITY-ST-ZIP:
53. TITLE: [] Change [] Addition
54. NAME:
55. STREET ADDRESS:
56. CITY-ST-ZIP:
57. TITLE: [] Change [] Addition
58. NAME:
59. STREET ADDRESS:
60. CITY-ST-ZIP:
61. TITLE: [] Change [] Addition
62. NAME:
63. STREET ADDRESS:
64. CITY-ST-ZIP:

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***165.00

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5/8/97

14. I do 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, the same as appears in Block 12 or Block 13, if changed, or on an attachment with no address.

SIGNATURE: [Signature] 4/14/97 (954) 524-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR