


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

FILED
Apr 27 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 # P96000060142 (2)

1. Corporation Name
GATEWAY AFFILIATED COMPANIES, INC.

Principal Place of Business
111 S.FEDERAL HIGHWAY
STUART FL 34994

Mailing Address
111 S.FEDERAL HIGHWAY
STUART FL 34994



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/1996

4. FEI Number
65-0685050

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 969 S. Federal Hwy	26 50 SE Kindred St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 300	27 Suite 107
City & State	City & State
23 Stuart, FL	28 Stuart, FL
Zip	Zip
24 34994	29 34994
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

MOTTO, MICHAEL N JR.
111 S.FEDERAL HIGHWAY
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name	Motto, Michael N. Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	969 S. Federal Hwy
83	Suite 300
84 City	Stuart
85 Zip Code	FL 34994

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 607.0505, Florida Statutes.

SIGNATURE

Michael N. Motto

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, P, S
NAME	MOTTO, MICHAEL N JR.	1.2 NAME	Motto, Michael N. Jr.
STREET ADDRESS	1951 MAPP ROAD	1.3 STREET ADDRESS	1292 SW Knollwood Drive
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	D	2.1 TITLE	D, T
NAME	PIETRANTUONO, JOHN B	2.2 NAME	Pietrantuono, John B.
STREET ADDRESS	4283 COCO POLUM PLACE	2.3 STREET ADDRESS	4283 Cocoplum Place
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE		3.1 TITLE	VP, D
NAME		3.2 NAME	Andrews, Robert E.
STREET ADDRESS		3.3 STREET ADDRESS	969 S. Federal Highway, Suite 300
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Michael N. Motto

4-21-98

CR2E034 (10/97)