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 # P96000075098 (9)

GATESWELL, INC.

Jun 09 1997 8:00am Secretary of State

With Company 1110				
Principal Place of Business	Mailing Address 6113 PLANTATION RD	,		0111 18081 01111 00119 18(0) 1011 1001
- Marie Company of the Company of th	PLANTATION FL 33317	-1213		
Coval Springs, FL 3307	/ .		3. Date Incorporated or Qualified 09/01/1996	3a. Date of Last Report
2. Principal Place of Business 21 8464 11W 2nd ST.	2a. Mailing Address		Applied for / Tree	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	Cily & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Core Springs, FL	28		Trust Fund Contribution	Added to Fees
24 3307/ 25 Broward	Zip 29	Country 30	8. This corporation has liability for int Florida Statutes	angible tax under s. 199.032, Yes 🔀 No
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent
SWEET, COLEMAN C 221 S. ANDREWS AVE.				
FT. LAUDERDALE FL 33301			ess (P.O. Box Number is Not Acceptable)
		83		
1		84 City		E 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	and 607,1508, Florida St of Florida, Such change w	atutes, the above-named corp as authorized by the corporat	oration submits this statement for the pur ion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
	tions of, Section 607.0505	, Florida Statutes.	, ,	
SIGNATURE Signature, typical or printed hance of registered agent		NOTE: Registered Age it signature requir		DATE
THE SO ST	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
1 12.01.21.11		1.2 NAME		onengo naanon
STREET ADDRESS CITY-ST-ZIP S464 N.W 2	la na	1.3 STREET ADDRESS		•
CITY-ST-ZIP 8464 M.W &	ind 311	1.4 CHY- \$1-7IF		
MAME Coval Spring	ら、FA LI DELETE	2.1 1/10/		Change Addition
STREET ADDRESS 330%/	1	2.2 NAME 2.3 STREFT ADDRESS		
CITY-51-ZIP		2 4 CHY ST ZIP		
TITLE	DELETE	3.1 10116		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3 4. C/1Y - ST - Z/P 4 1 1/TUE		Change Addition
NAME	E becele	4 2 NAME		LI Shange LI Robinon
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY- ST-7IP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME	,	ACOC CHEST
STREET ADDRESS		5.3 STREET ADDRESS	į.	
CITY-S1-ZIP	☐ DELETE	5.4 CHY-S1-7IP 6.1 TITLE		Change Addition
NAME		6.2 NAME		05
STREET ADDRESS		6 3 STREET ADDRESS		Deb165 619197
CITY-ST-ZIP		6.4 CITY+ST-7IP		UKA . OTTO

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 eath; that I am an officer or director of the corporation or the redeiver or trustee empowered to execute this report as required by Chapter 607, I forida Statutes; and that my name appears in Block 12 or Blog 13 if charged, or has attach full without and case.