

PAY NOW: FILING FEE AFTER MAY 10 IS \$500.00

FILED

Jul 17 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| AMENDED PROFIT CORPORATION ANNUAL REPORT 1997 \$61.25 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P96000075175**
1. Corporation Name **GATEWAY American, Inc.**

Principal Place of Business
**4308 N.W. 2nd St
Plantation FL 33318**

Mailing Address

AMENDMENT.

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 8/30/96 | | 3a. Date of Last Report 5/97 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0709481 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**Jonathan M. Rowe
4308 N.W. 2nd St
Plantation FL 33318**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | President / Director <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | President / Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bruce Reed | 1.2 NAME | Jonathan M. Rowe |
| STREET ADDRESS | 2400 E. Commercial Blvd | 1.3 STREET ADDRESS | 4308 N.W. 2nd St |
| CITY - ST - ZIP | Fort Lauderdale FL 33309 | 1.4 CITY - ST - ZIP | Plantation FL 33318 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Jonathan M. Rowe |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4308 N.W. 2nd St |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | Plantation FL 33318 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Jonathan M. Rowe <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Susan Rowe |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 4308 N.W. 2nd St |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | Plantation FL 33318 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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; 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: **Jonathan M. Rowe** 6/20/97 954583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: 3181

CR2E034 (9/96)