

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

FILED

Jan 26 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 # P97000011095 (1)

1. Corporation Name

GATEWAY PROPERTY MANAGEMENT, INC.

Principal Place of Business

8605 WINDY CIRCLE  
BOYNTON BEACH FL 33437

Mailing Address

8605 WINDY CIRCLE  
BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

65-0734576

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

9. Name and Address of Current Registered Agent

ALFANO, TOM  
8605 WINDY CIRCLE  
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name Thomas Alfano  
82 Street Address (P.O. Box Number is Not Acceptable)  
8605 Windy Circle  
83  
84 City Boynton Beach FL 85 Zip Code 33437

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

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

(NOTE: Registered Agent signature required when reinstating)

1/18/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME ALFANO, THOMAS  
STREET ADDRESS 8605 WINDY CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE D ☒ DELETE  
NAME ALFANO, ANGELA  
STREET ADDRESS 8605 WINDY CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T ☒ Change ☐ Addition  
1.2 NAME Alfano, Thomas  
1.3 STREET ADDRESS 8605 Windy Circle  
1.4 CITY-ST-ZIP Boynton Beach FL 33437

2.1 TITLE V/S ☒ Change ☐ Addition  
2.2 NAME Alfano, Angela  
2.3 STREET ADDRESS 8605 Windy Circle  
2.4 CITY-ST-ZIP Boynton Beach FL 33437

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Thomas Alfano  
NATURE REQUIRED

1/18/98 561-732-0566

CR2E034 (10/97)