


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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/31/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0734576	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
ALFANO, TOM 8605 WINDY CIRCLE BOYNTON BEACH FL 33437				8. Election Campaign Financing Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				85. Zip Code	
				33437	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALFANO, TOM 8605 WINDY CIRCLE BOYNTON BEACH FL 33437		81 Name	Thomas Alfano
		82 Street Address (P.O. Box Number is Not Acceptable)	8605 Windy Circle
		83	
		84 City	Boynton Beach FL

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 DATE: 1/18/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFANO, THOMAS	1.2 NAME	Alfano, Thomas
STREET ADDRESS	8605 WINDY CIRCLE	1.3 STREET ADDRESS	8605 Windy Circle
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	Boynton Beach FL 33437
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFANO, ANGELA	2.2 NAME	Alfano, Angela
STREET ADDRESS	8605 WINDY CIRCLE	2.3 STREET ADDRESS	8605 Windy Circle
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	Boynton Beach FL 33437
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Thomas Alfano DATE: 1/18/98 TELEPHONE: 561-732-0566

CR2E084 (10/97)