

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90009 027 ***550.00

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DOCUMENT # **P97000011095**

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

220 North "D" St.

City & State

Lake Worth, FL

Zip

33460

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 3193

City & State

Lantana, FL

Zip

33465

Country

USA

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)

220 North D Street

83

City

Lake Worth

FL

85 Zip Code

33460

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

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	ALFANO, THOMAS	
STREET ADDRESS	8605 WINDY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	ALFANO, ANGELA	
STREET ADDRESS	8605 WINDY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alfano, Thomas	
1.3 STREET ADDRESS	220 N D St	
1.4 CITY-ST-ZIP	Lake Worth FL 33460	
2.1 TITLE	Alfano, Gabrielle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	220 N D St	
2.3 STREET ADDRESS	Lake Worth FL 33460	
2.4 CITY-ST-ZIP	Lake Worth FL 33460	
3.1 TITLE	V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Alfano, Gabrielle	
3.3 STREET ADDRESS	220 N D St	
3.4 CITY-ST-ZIP	Lake Worth FL 33460	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-99 330-0957

CR2E034 (5/99)