

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **852894** (5)

1. Corporation Name

**GATEWAY CENTENNIAL DEVELOPMENT CO., INC.**



Principal Place of Business

Mailing Address

901 OHIO PIKE  
200  
CINCINNATI OH 45245  
US

901 OHIO PIKE  
200  
CINCINNATI OH 45245  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

TREVINO, J.C. III  
990 HARBOR LAKE DR  
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified  
**05/18/1982**

3a. Date of Last Report  
**05/12/1995**

4. FEI Number  
**31-0982933**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 607.1506, 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 of the corporation or registered agent, if applicable

DATE Registered Agent's signature, if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	POLOSKY, JOYCE	
STREET ADDRESS	300 HUNTERS GLEN CT	
CITY- ST- ZIP	ATLANTA GA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TRAUTMANN, DEL A JR	
STREET ADDRESS	13708 WALBROOKE DR.	
CITY- ST- ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRAUTMANN, RICHARD S	
STREET ADDRESS	1420 CENTRAL TRUST TOWER	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILS, MARGARET	
STREET ADDRESS	4930 BEECHWOOD DRIVE	
CITY- ST- ZIP	CINANNATI OH 45255	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAUTMANN, MICHAEL	
STREET ADDRESS	1419 SOUTH 1ST STREET	
CITY- ST- ZIP	ATLANTA GA 32250	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRAUTMAN, JOHN	
STREET ADDRESS	901 OHIO PIKE / STE - 200	
CITY- ST- ZIP	CIN OH	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or trustee in power 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sandra B. Matham*

4/29/96

210 717 2424

CR2E034 (12/95)