

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

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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 901 OHIO PIKE
200 200
CINCINNATI OH 45245 CINCINNATI OH 45245-2311
US US

3. Date Incorporated or Qualified 05/18/1982
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 1202 E. Del Mar Blvd. 26 1202 E. Del Mar Blvd.

4. FEI Number 31-0982933
Applied For Not Applicable

22 Ste. 6 27 Ste. 6
City & State City & State

6. Certificate of Status Desired \$8.75 Additional Fee Required

23 Laredo, TX 28 Laredo, TX
City & State City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 78045 25 U.S.A. 29 78045 30 U.S.A.
Zip Country Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLOSKY, JOYCE	1.2 NAME	
STREET ADDRESS	300 HUNTERS GLEN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTMANN, DEL A JR	2.2 NAME	
STREET ADDRESS	13708 WALBROOKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTMANN, RICHARD S	3.2 NAME	
STREET ADDRESS	1420 CENTRAL TRUST TOWER	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILS, MARGARET	4.2 NAME	
STREET ADDRESS	4930 BEECHWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45255	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTMANN, MICHAEL	5.2 NAME	
STREET ADDRESS	1419 SOUTH 1ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 32250	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTMAN, JOHN	6.2 NAME	
STREET ADDRESS	901 OHIO PIKE / STE - 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	CIN OH	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: *Sandra B. Mortham* Date: 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (9/96)