FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
97 JUN -2 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32111 (9)

1. Corporation Name
GATEWAY LEASING, INC. **REINSTATEMENT** 95-97

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/27/1992	12/22/1994

4. FEI Number: 65-0346534 — 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

2. Principal Place of Business
21: 235 TRUMBULL ST.
22: Suite, Apt. #, etc.
23: City & State: ELIZABETH NJ
24: Zip: 07206 25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.: SAME
28: City & State
29: Zip 30: Country

9. Name and Address of Current Registered Agent

~~RAAB & STRADER~~
~~1320 S. DIXIE HIGHWAY~~
~~SUITE 870~~
~~MIAMI FL 33146~~

10. Name and Address of New Registered Agent

81 Name: DANIEL W. RAAB, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1320 SOUTH DIXIE HIGHWAY
83 SUITE 821
84 City: MIAMI 85 FL Zip Code: 33146

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: Daniel W. Raab for Daniel W. Raab, P.A. 5/6/97
(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	~~STD~~
NAME	~~FERRARA, JOSEPH J.~~
STREET ADDRESS	~~234 FRANKLIN AVE~~
CITY-ST-ZIP	~~NUTLEY NJ~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	~~1 STEWART AVE~~	
1.4 CITY-ST-ZIP	~~LITTLE FALLS NJ~~	
2.1 TITLE	D	[ ] Change [X] Addition
2.2 NAME	KEITH VACCA	
2.3 STREET ADDRESS	40 STURBRIDGE CIRCLE	
2.4 CITY-ST-ZIP	WAYNE NJ	
3.1 TITLE	D	[ ] Change [X] Addition
3.2 NAME	JOYCE MC LAUGHLIN	
3.3 STREET ADDRESS	93 LAWRENCE ROAD	
3.4 CITY-ST-ZIP	RANDOLPH NJ	
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		

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***1088.75 ***1088.75

A. Alain
6/2/97

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 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: Keith D. Vacca CEO 2/19/97