

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

**FILED**

**Apr 18 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 # **407862** (2)  
1. Corporation Name  
**GTI INDUSTRIES, INC.**



Principal Place of Business: **3303 NW 112TH STREET MIAMI FL 33167**  
Mailing Address: **3303 NW 112TH STREET MIAMI FL 33167-3312**

3. Date Incorporated or Qualified: **08/30/1972**  
3a. Date of Last Report: **04/29/1996**

21. 3303 NW 112 STREET  
22. Suite, Apt. #, etc.  
23. MIAMI, FL  
24. 33167  
25. USA  
26. 3303 NW 112 ST.  
27. Suite, Apt. #, etc.  
28. MIAMI, FL  
29. 33167  
30. USA

4. FEI Number: **59-1412355**  
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

9. Name and Address of Current Registered Agent  
**ZUCKERMAN, STEPHEN  
3303 NW 112TH STREET  
MIAMI FL 33167**

10. Name and Address of New Registered Agent  
81. Name: **ZUCKERMAN, STEPHEN**  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. **3303 NW 112 STREET**  
84. City: **MIAMI** FL 85. Zip Code: **33167**

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: *Steph J. Zuckerman* (NOTE: Registered Agent signature required when reinstating) **PRESIDENT** DATE: **4-12-97**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, CAROL	
STREET ADDRESS	2213 N.E. 203 TERR.	
CITY- ST- ZIP	NORTH MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, RHODA	
STREET ADDRESS	12000 N. BAYSHORE DRIVE	
CITY- ST- ZIP	NORTH MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, STEPHEN	
STREET ADDRESS	2213 N.E. 203 TERR.	
CITY- ST- ZIP	NO MIAMI BCH, FL 00000	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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: *Steph J. Zuckerman* DATE: **4-12-97** DAYTIME PHONE #: **305-681-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)