

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

02/14/21

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90161 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **407862**
 1. Corporation Name
GTI INDUSTRIES, INC.



Principal Place of Business: 3303 NW 112 ST MIAMI FL 33167 US
 Mailing Address: 3303 NW 112 ST MIAMI FL 33167 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: **08/30/1972**
 4. FEI Number: **59-1412355**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year intangible Personal Property Tax: 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 ST.**
 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: *Stephen J. Zuckerman* President DATE: **3-13-99**

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

Please delete the D, director. Change Addition

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 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, with all other like empowered.

SIGNATURE: *Stephen J. Zuckerman* Pres. 3/13/99 305-681-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)