


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 21 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006633 (9)**  
 1. Corporation Name  
**GTE MAIN STREET INCORPORATED**



Principal Place of Business <b>ONE STAMFORD FORUM STAMFORD CT 06904</b>	Mailing Address <b>ONE STAMFORD FORUM STAMFORD CT 06904</b>
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DO NOT WRITE IN THIS SPACE

<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> P.O. Box 152203
<b>22</b> City & State	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> Irving, TX
<b>24</b> Zip	<b>29</b> 75015-2203
<b>25</b> Country	<b>30</b> USA

<b>3</b> Date Incorporated or Qualified <b>12/18/1996</b>	<b>3a</b> Date of Last Report NA
<b>4</b> FEI Number <b>16-1450339</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>\$COTT, RICHARD W</b>	1.2 NAME	
STREET ADDRESS	<b>800 HIDDEN RIDGE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX 75038</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHRS, DAN J</b>	2.2 NAME	
STREET ADDRESS	<b>ONE STAMFORD FORUM</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT 06904</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIEB, THOMAS A</b>	3.2 NAME	
STREET ADDRESS	<b>ONE STAMFORD FORUM</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT 06904</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAN, ROBERT J</b>	4.2 NAME	
STREET ADDRESS	<b>2401 COLORADO AVENUE SUITE 180</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA MONICA CA 90404</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VAS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINNICK, LAWRENCE E</b>	5.2 NAME	
STREET ADDRESS	<b>800 HIDDEN RIDGE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX 75038</b>	5.4 CITY-ST-ZIP	
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NAME	<b>TISCIONE, THOMAS N</b>	6.2 NAME	
STREET ADDRESS	<b>1420 EAST ROCHELLE</b>	6.3 STREET ADDRESS	
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**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

CR2E034 (4/97)