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AND
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95 JUN 21 AM 11:53

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 794000026367 (0)

1. Corporation Name

J. G. T. Marketing, Inc.

000001520070
-06/22/95--01010--013
****225.00 ****225.00

Principal Place of Business

8122 Glades Rd

Boca Raton FL 33434

Mailing Address

8122 Glades Rd

Boca Raton FL
33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/94

3a. Date of Last Report

2. Principal Place of Business

21 800 OCEAN DRIVE

Suite, Apt #, etc

22 City & State
23 JUNO BEACH FL

24 33408 25 USA

2a. Mailing Address

26 2580 LA CRISTAL Cir.

Suite, Apt #, etc

27 City & State
28 PALM BEACH GARDENS FL

29 33410 30 USA

4. FEI Number

65-0479774

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

9. Name and Address of Current Registered Agent

Filing's Inc.
3732 N.W. 16th St
Ft. Lauderdale, FL 33311

10. Name and Address of New Registered Agent

81 Name Kristine Olsen True
82 Street Address (P.O. Box Number is Not Acceptable)
2580 LA CRISTAL Circle
83
84 City Palm Beach Gardens FL 85 Zip Code 33410

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 Kristine Olsen True Kristine Olsen True, President 6.9.95
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	True, John G.	8122 Glades Rd, #222	Boca Raton, FL 33434
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
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
1.1	President	Kristine Olsen True	2580 LA CRISTAL Circle	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2	NAME	STREET ADDRESS	CITY ST ZIP		
2.1	NAME	STREET ADDRESS	CITY ST ZIP		
2.2	NAME	STREET ADDRESS	CITY ST ZIP		
2.3	NAME	STREET ADDRESS	CITY ST ZIP		
2.4	NAME	STREET ADDRESS	CITY ST ZIP		
3.1	NAME	STREET ADDRESS	CITY ST ZIP		
3.2	NAME	STREET ADDRESS	CITY ST ZIP		
3.3	NAME	STREET ADDRESS	CITY ST ZIP		
3.4	NAME	STREET ADDRESS	CITY ST ZIP		
4.1	NAME	STREET ADDRESS	CITY ST ZIP		
4.2	NAME	STREET ADDRESS	CITY ST ZIP		
4.3	NAME	STREET ADDRESS	CITY ST ZIP		
4.4	NAME	STREET ADDRESS	CITY ST ZIP		
5.1	NAME	STREET ADDRESS	CITY ST ZIP		
5.2	NAME	STREET ADDRESS	CITY ST ZIP		
5.3	NAME	STREET ADDRESS	CITY ST ZIP		
5.4	NAME	STREET ADDRESS	CITY ST ZIP		
6.1	NAME	STREET ADDRESS	CITY ST ZIP		
6.2	NAME	STREET ADDRESS	CITY ST ZIP		
6.3	NAME	STREET ADDRESS	CITY ST ZIP		
6.4	NAME	STREET ADDRESS	CITY ST ZIP		

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE Kristine Olsen True Kristine Olsen True, President 6/9/95
DATE

(407) 625-6377