

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 PM 4:05

DOCUMENT # 573553

(5)

1. Corporation Name

G.T.M. MANUFACTURING CO., INC.

Principal Place of Business

2077 NORTH POWERLINE ROAD
POMPANO BEACH FL 33069

Mailing Address

2077 NORTH POWERLINE ROAD
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/25/1978

3a. Date of Last Report
03/17/1994

4. FEI Number
11-1791837

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

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

27 City & State

28

Zip

Country

24

Country

9. Name and Address of Current Registered Agent

GUSSACK, HENRY
1801 SO. FLAGLER DRIVE #1010
LAUDERHILL, FL
WEST PALM BEACH, 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GUSSACK, HENRY W

STREET ADDRESS

1801 SO FLAGLER DR

CITY - ST - ZIP

W PALM BCH, FL 00000

TITLE

STD

NAME

DENHOLTZ, EDWARD

STREET ADDRESS

CLARIDGE HOUSE #2

CITY - ST - ZIP

VERONA, NJ 00000

TITLE

VD

NAME

HINES, LEONARD

STREET ADDRESS

214 MAYHEW DR

CITY - ST - ZIP

SO ORANGE, NJ 00000

TITLE

TD

NAME

TUNICK, SALLY

STREET ADDRESS

6100 NW 44 ST.

CITY - ST - ZIP

LAUDERHILL FL

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

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 119.02(3)(g), 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 recorder 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: *Henry Gussack* HENRY GUSSACK
PRES.

1/14/95

407 837 4377