

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DEPARTMENT OF CORPORATIONS

DOCUMENT # **F61748** (2)

1. Corporation Name
G.L.T. INC.



Principal Place of Business:

**3467 W HILLSBORO BLVD. STE 1 @ 2
DEERFIELD BEACH FL 33442**

Multiple Offices:

**3467 W HILLSBORO BLVD. STE 1 @ 2
DEERFIELD BEACH FL 33442**

2. Principal Place of Business:	2a. Mailing Address:
21 State, Apt. #, of	26 State, Apt. #, of
22 City & State	27 City & State
23 Zip	28 Zip
24 County	29 County
25	30

3. Date Incorporated For Qualified	3a. Date of Last Report
01/19/1982	04/21/1995
4. FEI Number	Applied For
59-2177135	Not Applicable
5. Continuation of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation is liable for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**WILSON, LARRY
3467 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the above named corporation hereby certifies this statement for the purpose of changing its registered office or registered agent, to both in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and I accept the obligations set forth in the Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

NAME	PT	<input type="checkbox"/> DELETED
STREET ADDRESS	WILSON, LARRY	
CITY, STATE, ZIP	757 APPLEBY STREET	
NAME	VS	<input type="checkbox"/> DELETED
STREET ADDRESS	BUIST, TOM	
CITY, STATE, ZIP	1498 SW 5TH CT	
NAME		<input type="checkbox"/> DELETED
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		<input type="checkbox"/> DELETED
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		<input type="checkbox"/> DELETED
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE, ZIP	

14. I do hereby certify that the information shown on this report is true, correct, and complete and that I am, by the exception stated in Section 119.07(4)(a), Florida Statutes, further certifying that the information shown on this report is true, correct, and complete and that my name and address shown on this report shall have the same legal effect as if it were certified by an officer or director of the corporation. I am not a registered agent for this corporation and I do not represent myself as such. My name and address shown on this report are for the use of the Department of State and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)