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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	Mailing Address 3467 W HILLSBORO BLVD. STE 1 @ 2 DEERFIELD BEACH FL 33442
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3467 W Hillsboro Blvd.	26 3467 W. Hillsboro Blvd			01/19/1982	
22 Suite 1	27 Suite 1	4. FEI Number		Applied For	
23 Deerfield Beach, FL	28 Deerfield Beach, FL	59-2177135		Not Applicable	
24 33442	25 USA	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 33442	30 USA	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
WILSON, LARRY 3467 W HILLSBORO BLVD DEERFIELD BEACH FL 33442		81 Name Thomas Buist 82 Street Address (P.O. Box Number is Not Acceptable) 1498 SW 5th Court 83 84 City Boca Raton FL 85 Zip Code 33432			
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 Thomas B. Buist		Thomas B. Buist, President		DATE 1/9/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LARRY	1.2 NAME	
STREET ADDRESS	757 APPLEBY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	President, VP, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUIST, TOM	2.2 NAME	
STREET ADDRESS	1498 SW 5TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: **Thomas B. Buist** Thomas B. Buist 1/9/98 954-426-5301

CR2E084 (10/97)