

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90025 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000005141**

1. Corporation Name  
**GGTC, INC.**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>502 E JOHN ST<br>CARSON CITY NV 89706 | Mailing Address<br>502 E JOHN ST<br>CARSON CITY NV 89706 |
|--|--|

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/04/1996</b>  | Applied For<br>Not Applicable         |
| 4. FEI Number<br><b>88-0374009</b>  |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Country<br>29                        | Zip<br>30                 |

|   |         |   |    |         |                          |
|---|---------|---|----|---------|--------------------------|
| 9. Name and Address of Current Registered Agent<br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 | 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code<br><b>FL</b> |
|---|---------|---|----|---------|--------------------------|

|  |
|--|
| 10. Name and Address of New Registered Agent |
|--|

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                      | DCPS <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OTTO, EDGAR                          | 1.2 NAME  |  |
| STREET ADDRESS             | 1900 CORPORATE BLVD #400W            | 1.3 STREET ADDRESS                                    | 6400 Congress Ave, Suite 2800  |
| CITY-ST-ZIP                | BOCA RATON FL 33431                  | 1.4 CITY-ST-ZIP                                       | Boca Raton, FL 33487   |
| TITLE                      | T <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OTTO, EDGAR                          | 2.2 NAME  |  |
| STREET ADDRESS             | 1900 CORPORATE BLVD #400W            | 2.3 STREET ADDRESS                                    | 6400 Congress Ave, Suite 2800  |
| CITY-ST-ZIP                | BOCA RATON FL 33431                  | 2.4 CITY-ST-ZIP                                       | Boca Raton, FL 33487   |
| TITLE                      | <input type="checkbox"/> DELETE      | 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                      | <input type="checkbox"/> DELETE      | 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                      | <input type="checkbox"/> DELETE      | 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                      | <input type="checkbox"/> DELETE      | 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                                       |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 6400 Congress Ave, Suite 2800  |
| 1.4 CITY-ST-ZIP    | Boca Raton, FL 33487   |
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| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
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| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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, with all other like empowered.

SIGNATURE: OTTO EDGAR DATE: 2/22/99 PHONE: 561-988-0880

CR2E034 (11/98)