

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

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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H29921** (4)  
1. Corporation Name  
**GLOBAL TELECOMMUNICATIONS TECHNOLOGIES, INC.**



Principal Place of Business  
**220 8TH AVE  
INDIALANTIC FL 32903  
US**

Mailing Address  
**220 8TH AVE  
INDIALANTIC FL 32903-3340  
US**

3. Date Incorporated or Qualified  
**11/14/1984**

3a. Date of Last Report  
**01/17/1996**

2. Principal Place of Business  
**21 214 Ivory Dr**  
Suite, Apt. #, etc.  
**22 Malbourn Beach**  
City & State  
**23 FL**  
Zip  
**24 32951**

2a. Mailing Address  
**26 214 Ivory Dr**  
Suite, Apt. #, etc.  
**27 Malbourn Beach**  
City & State  
**28 Malbourn Beach, FL**  
Zip  
**29 32951**

Country  
**25 USA**

Country  
**30 USA**

4. FEI Number  
**59-2709105**

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

10. Name and Address of New Registered Agent

**LUCZAK, SUSAN L.  
5 INWOOD WAY  
INDIAN HARBOR BEACH FL 32937**

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 reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PST</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LUCZAK, SUSAN L.</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>220 8TH AVENUE</b>                      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>INDIALANTIC FL</b>                      | 1.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE   |   |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |   |
| 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                                   |   |

14. I do 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: **Susan L. Luczak** **1/24/97** **407-728-7036**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)