

-PROFIT--CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT# JE1400

## **FILED** May 07, 1999 8:00 am Secretary of State 05-07-1999 90041 024 \*\*\*150.00

| 1. Corporation  | n Name " J51429   |                                    |                 |   |  | - 1           |  |                      |                      |                      |                 |
|---|---|------------------------------------|-----------------|---|--|---------------|--|----------------------|----------------------|----------------------|-----------------|
| GTS INVESTMENTS, INC.   |   |                                    |                 |   |  | - 1           |  |                      |                      |                      | ;               |
| 910 111   | LOTINETTO, INO.   |                                    |                 |   |  | - 1           | I HASIONE REAR ARRA INGAL BULLY  | E DERDE DERE REALLE  | ELEK ENERGE BESAN EL | AN ANAN MAT          |                 |
|   |   |                                    |                 |   |  |               |  |                      |                      |                      | :               |
| Principal Place   | e of Rusiness   | Mailing Add                        | iress           |   |  |               | i killi lii den despe contra gebre   | I STATEM SAST OFFICE | ASATA MINTE BIRTH AT | 111 A1849 (20)       |                 |
| •   |   | _                                  |                 |   |  | - {           |  |                      |                      |                      |                 |
| 11000 METRO   | PARKWAT   | 44 ME17                            | O PARKWAY       |   |  | !             |  |                      | 00405                |                      |                 |
| FT. MYERS FL  | 33912   | FT. MYERS FL 33912                 |                 |   |  | - 1           | DO NOT WRITE IN THIS SPACE   |                      |                      |                      | 1               |
| US  |   | US                                 |                 |   |  | į             | 3. Date Incorporated or Qualife  | ed                   |                      |                      |                 |
|   |   |                                    |                 |   |  |               | 01/07/1987   |                      | I I Ann              | lied For             |                 |
| 2. Principal Pl   | tace of Business  | 2a. Mailing Address                |                 |   |  | 1             | 4. FEI Number  |                      | 1                    | Applicable           |                 |
| 21  |   | 26                                 |                 |   |  |               | <u>59-2750197</u>  |                      | \$8.75 A             |                      | İ               |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                |                 |   |  | - 1           | 5. Certificate of Status Desired   |                      | Fee Rec              |                      | 1               |
| 22  |   | City & State                       |                 |   |  |               | a. St. view Ormanian Financia  |                      | \$5.00               |                      | 1               |
| City & Stat   | iti   | City.& State                       |                 |   |  |               | <ul> <li>6. Election Campaign Financial<br/>Trust Fund Contribution</li> </ul> | a 🗅                  | Added to             |                      |                 |
| Zip   | Country   | Zip Country                        |                 |   |  |               | 8. This corporation owes the current year Intangible                           |                      |                      |                      |                 |
| <del></del>   | 25  | 29                                 | ¬               |   |  | - 1           | Personal Property Tax.   |                      |                      |                      | <u> </u>        |
| 24  | 9. Name and Address of Current  |                                    |                 | J <b>U</b> 1  | <u> </u>   |               | 10. Name and Address of Nev  | w Registered         | Agent                |                      |                 |
| 4/1   | 5. 144  |                                    |                 |   | 81 Name  |               |  | tane                 | Ton Me               | Ginnis               |                 |
| /YJ SMIE  | ETANA, GENE T.  | 1 000                              | CLOUD R         | ! L   | 82 Street  | <del>-(</del> | s (P.O. Box Number is Not Acce   |                      | 7                    | · O mais             | 1               |
| 6216  | TIMBERWOOD CIR 645  | فنرزرر                             | MI              |   | 02 30801   | 24            | F4 AARWOOD   | Ra                   | SHUW                 | <u>/</u>             | 1               |
| SUFI  | <del>TE 134</del> Rapia   | Kity,                              | 1.040.4         |   | 83 901   | 7             | P. I. R. NW  | FFM                  | 4e18 35              | 9/2                  |                 |
| FOR   | IT MIXERS FL 33908  |                                    | 49676           |   | <del> </del>   | <u>//</u>     | onelo Kalow  | 100                  | 85 Zip C             |                      | ĺ               |
|   | - <   |                                    |                 |   | '-4  | 4             | 1 6,14   | - MY [4]             | _ + + 7 7            | <del>- 71</del> 6-   | ĺ               |
| 11. Pursuant  | to the provisions of Sections 607.0502  | and 607.1508,                      | Florida Statute | s, the a  | bove-named   | corpor        | stion submits this statement for the   | he purpose o         | f changing its r     | egistered<br>Istered |                 |
| office or r   | to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation | f Florida. Such<br>ons of, Section | 607,0505, Flori | tnonzec<br>da Stati   | i by the corp:<br>utes.  | Oranion       | a board of directors. Thereby ac-  | / J                  | 4-                   |                      |                 |
| SIGNATURE   | Durith Con  | . T. SA                            | nietana         |   | •  |               |  | 4/2                  | 9/99                 |                      | ļ               |
| SIGNATURE   | Signature, typed or printed name of registered agent  | end tibe if applicable.            | (NOTE:          | Registered  | Agent signature  | required w    | from revietating) ADDITIONS/CHANGES TO   | DATE A               | ND DIRECTOR          | 20 IN 12             | CR2E034 (11/98) |
| 12.   | OFFICERS AND  | DIRECTORS                          | DELETE          | 13.   |  | 1             | ADDITIONS/CHANGES TO   | UFFICERS             | % Change             | Addition             | 1 🖹             |
| TITLE   | PTS   |                                    | □ Derese        | 1.1 π   |  |               |  |                      | <b>J</b>             | _                    | 4               |
| NAME  | SMIETANA, GENE T.   |                                    |                 | 121   |  | 241           | -4 AARWOOD Rd  | N.W                  |                      |                      |                 |
| STREET ADDRESS  | 6219 TIMBERWOOD CIR #184  |                                    |                 |   | TREET ADDRESS<br>TY-ST-ZIP   | 0             | 1 P.L. MI  | 4917                 | 6                    |                      | 🛱               |
| CTTY-ST-ZIP   | ET-MYERS-FL-  |                                    | DELETE          | 2.1 TI  |  | 1             | April City MI  |                      | *Change              | Addition             | ] ᇙ             |
| IIITE   | VP  |                                    |                 | 2.2 N   |  | 1             |  | 01                   |                      |                      | 1               |
| NAME  | SMIETANA, LINDA<br>6 <del>219 TIMBERWOOD CIR #134</del>   |                                    |                 | -   | TREET ADDRESS  | 6             | 454 AARWOOD  | Æ4 /V.               |                      |                      | ١.              |
| STREET ADDRESS  | FI_MYERS FL   |                                    |                 |   | TY-ST-ZIP  | D.            | 1 6 4 M  | II 49                | 676                  |                      | ]               |
| CITY-ST-ZIP<br>TITLE  | PI-MICHO FL   |                                    | DELETE          | 3111  |  | 1/\           | P10 L21 F7   |                      | Change               | ☐ Addition           |                 |
| NAME  |   |                                    |                 | 3.2 N   |  | 1             |  |                      |                      |                      |                 |
| STREET ADORESS  | •   |                                    |                 | # 3.2 PM  | WE.  | i             |  |                      |                      |                      | 1               |
|   | -   |                                    |                 |   |  |               |  |                      |                      |                      | -               |
|   | -   |                                    |                 | 3.3 57  | NME<br>TREET ADDRESS<br>TTY-ST-ZIP   |               |  |                      |                      |                      |                 |
| CITY-ST-ZIP   |   |                                    | ☐ DELETE        | 3.3 57  | TREET ADDRESS  | -             |  |                      | Change               | Addition             |                 |
| CITY-ST-ZIP   | -   |                                    | DELETE          | 3.3 ST  | TY-ST-ZIP  |               |  |                      | ☐ Change             | Addition             |                 |
| CITY-ST-ZIP<br>TITLE<br>NAME  | -   |                                    | ☐ DELETE        | 3.3 ST<br>3.4. C<br>4.1 Tr<br>4.2 N   | TY-ST-ZIP  |               |  |                      | Change               | Addition             |                 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS   | -   |                                    | ☐ DELETE        | 3.3 ST<br>3.4. C<br>4.1 TT<br>4.2 N<br>4.3 ST   | TREET ADDRESS<br>TTY-ST-ZIP<br>TLE   |               | - ;-   |                      |                      |                      |                 |
| CITY-ST-ZIP<br>TITLE<br>NAME  | _   |                                    | ☐ DELETE        | 3.3 ST<br>3.4. C<br>4.1 TT<br>4.2 N<br>4.3 ST   | TREET ADDRESS<br>TTY-ST-ZIP<br>TLE<br>TAME<br>TREET ADDRESS<br>TTY-ST-ZIP  |               |  | -                    | ☐ Change             | Addition             |                 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | _   |                                    |                 | 3.3 ST<br>3.4. C<br>4.1 TT<br>4.2 N<br>4.3 ST<br>4.4 CI   | TREET ADDRESS TTY-ST-ZIP TLE TAME TREET ADDRESS TTY-ST-ZIP TLE   |               |  |                      |                      |                      |                 |
| CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE   | _   |                                    |                 | 3.3 51<br>3.4 . C<br>4.1 Tr<br>4.2 N<br>4.3 51<br>4.4 Cl<br>5.1 Tr<br>5.2 N   | TREET ADDRESS TTY-ST-ZIP TLE TAME TREET ADDRESS TTY-ST-ZIP TLE   |               | **   | -                    |                      |                      |                 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  |   |                                    | □ DELETE        | 3.3 ST<br>3.4. CC<br>4.1 TT<br>4.2 N<br>4.3 ST<br>4.4 CC<br>5.1 TT<br>5.2 N<br>5.3 ST<br>5.4 CC                                       | TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TREET ADDRESS                    |               |  |                      | ☐ Change             | Addition             |                 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |   |                                    |                 | 3.3 ST<br>3.4, C<br>4.1 W<br>4.2 N<br>4.3 ST<br>4.4 CC<br>5.1 TC<br>5.2 N<br>5.3 ST<br>5.4 CC<br>6.1 TC                               | TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS    |               |  |                      |                      |                      |                 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP  |   |                                    | □ DELETE        | 3.3 ST<br>3.4. CC<br>4.1 TT<br>4.2 N<br>4.3 ST<br>4.4 CC<br>5.1 TT<br>5.2 N<br>5.3 ST<br>5.4 CC                                       | TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS    |               |  |                      | ☐ Change             | Addition             |                 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE  |   |                                    | □ DELETE        | 3.3 ST<br>3.4. C<br>4.1 TT<br>4.2 N<br>4.3 ST<br>4.4 CD<br>5.1 TT<br>5.2 N<br>5.3 ST<br>5.4 CD<br>6.1 TT<br>6.2 N                     | TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS    |               |  |                      | ☐ Change             | Addition             |                 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS | certify that the information supplied with  |                                    | DELETE          | 3.3 ST<br>3.4 CC<br>4.1 TT<br>4.2 N<br>4.3 ST<br>4.4 CC<br>5.1 TT<br>5.2 N<br>5.3 ST<br>5.4 CC<br>6.1 TT<br>6.2 N<br>6.3 ST<br>6.4 CC | TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS |               |  |                      | ☐ Change             | Addition             |                 |

Interest certify that the information supplied with this hing does not quality for the exemption stated in Section 118.07(3)(1), Fibrida Statutes. Futural cells with a betterning 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.