FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90050 043 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L44388**

1. Corporation Name

GT SURVEYING SERVICES INC.

Principal Place	of Business	Mailing Address				110011011 011 01101 01101			
4645/H SONTHERN/BLVD. 13205 US 1						·			
WEST PALM BEACH KL 33415 500						DO NOT WRITE IN THIS SPACE			
•		JUNO BEACH FL 33408 US				3. Date Incorporated or Qualifed		01702	
		00				01/16/1990			
	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21 2602	s. Dixie Hwy.	26				65-0161065			ot Applicable
		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 / Fee Re	Additional
22 Suite #		27							
City & State City & State						6. Election Campaign Financing	□ 、	\$5.00 Added	May Be
23 West 1 a/m Deach, P 1 28				 -		Trust Fund Contribution			10 rees
Zip	Country '	Zip	Countr	y		This corporation owes the cu Personal Property Tax.	tent year int	angible ☐ Yes	□No
24 <i>334</i>	9. Name and Address of Current I	<u> </u>	1			10. Name and Address of New	Registered		
 -	5. Italia alla Address di Carranti	tegiolorea rigoria	8	Nam	ie				
FURLANO, GINO						(D.O. D., Marchaela Mat Appendable)			
8515 THOUSAND PINES CIR				Stree	et Addres	ss (P.O. Box Number is Not Accep	table)		
WEST PALM BEACH FL 33411			8:	3					
	,		8	4 City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes.				Ш.				abonding its	ragistarad
office or c	to the provisions of Sections 607.0502 is egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Stich change was aus	monzea D	v me co	rporation	's board of directors. I hereby acco	ept the appoi	ntment as re	egistered
SIGNATURE	Stgnature, typed or printed name of registered agent a	nd title if applicable (NOTE: f	Registered Ag	ent signatu	re required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	ORS IN 12
TITLE			1.1 TITLE		-{			☐ Change	☐ Addition
NAME	FURLANO, GINO		1_2 NAME						
STREET ADDRESS	8515 THOUSAND PINES CR		1.3 STRE	ET ADDRES	ss				
CITY-ST-ZIP	WEST PALM BEACH FL 33411		1.4 CITY-	ST-ZIP	_L				
TITLE	V	☐ DELETE	2.1 TITLE				-	Change	☐ Addition
NAME	HOHMAN, JOHN		2.2 NAME			•			ĺ
STREET ADDRESS			2.3 STRE	ET ADDRE	6S				
CITY-ST-ZIP	WEST PALM BEACH FL 2.4		2, 4 CITY	2, 4 CITY-ST-ZIP					
TITLE	☐ DELETE 3.11		3.1 TITLE					Change	☐ Addition }
NAME		- · ·	3.2 NAME	Ε,				,	
STREET ADDRESS	}	_	3.3 STRE	et addre	ss	-			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		-			Change	☐ Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRE	ss				į
C/TY+ST-ZIP			4.4 CITY-						
TITLE	,	☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						i
STREET ADDRESS				ET ADDRE	SS				
CITY-ST-ZIP			5.4 CITY						[T] Addition
TITLE		□ DELETE	6.1 TITLE		1			Change	Addition

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99

Daytime Pho

CR2E034 (11/98)