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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89951

Country

9, Name and Address of Current Registered Agent

25

Block 12 or Block 13 if changed, or on an attachment

TEAL, HANNAH S. 88 W PONKAN RD

APOPKA FL 32712

GTR BROKERAGE INC

Principal Place of Business

2. Principal Place of Business

88 WEST PONKAN RD. APOPKA FL 32712

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

P.O. BOX 1979 APOPKA FL 32704-1979

Mailing Address

Suite, Apt. #, etc.

City & State

Zφ

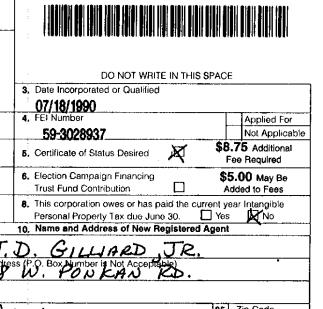
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FILED May 15 1998 8:00am Secretary of State



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 farming with, and accept the obligations of Section 607.0506, Florida Statules. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE DIRECTOR Change Addition GILLIARD, JAY D. NAME 1.2 NAME 88 W PONKAN RD STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL CITY-ST-ZIE 1.4 CITY - ST- ZIP DELFTE TITLE DST Change Addition 2.1 TITLE TEAL, HANNAH S. NAME 2.2 NAME 2967 AUTUMNWOOD TR. STREET ADDRESS 2.3 STREET ADDRESS **ap**opka fl CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change **Addition** 2ESIDEN NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE SECRETARY Addition 41 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 32712 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-S1-ZIP 14. Thereby 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 it 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

Country

81 Name

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