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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90171 028 \*\*\*150.00

## DOCUMENT # M58315

GTK MARKETING, INC.

Principal Place of Business 8390 N.W. 21 RD STREET PEMBROOKE PINE FL 33024 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & S ate

21

22

23

24

Zip

1. Corporation Name

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

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Country

9. Name and Address of Current Registered Agent

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Zio

8390 N.W. 23RD STREET PEMBROKE PINES FL 33024



App ied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

IJNo

DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

08/31/1987 4. FEI Number

65-0004218

5. Certificate of Status Desired

6. Electio i Campaign Financing

Trust Fund Contribution

Personal Property Tax.

				81 Name						
KARAMBIS, GEORGE T.			82	82 Street Acdress (P.O. Box Number is Not Acceptable)						
8390 N.W. 23RD STREET				OZ Sileet Actress (P.O. Box Number is Not Acceptable)						
HOL	LYWOOD FL 33024		83							
			84	City		· ·- <u> </u>		85 Zip C	nde	
	•			<i>'</i>			F	L		
office crr	to the provisions of Sections 607.0502 registered agent, or bo h, in the State or familiar with, and accept the obligati	:f Florida. Such change was ₁u:	thorized by	the corp	corporation submi oration's board of d	s this statement for irectors, I hereby	or the purpose accept the app	of changing its ointment as reg	registered g stered	
SIGNATURE							DATE			
	Signature, typed or printed na ne of registered agent		n	t signature i	equired when reinstating)	NS/CHANGES TO		VND DIRECTO	ES IN 12	
12.	OFFICERS AND	DELETE	13.		ADDITIO	INS/CHANGES TO	U OFFICERS	Change	Addition	
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NAME	KARAMBIS, GEORGE T.		1.2 NAME 1.3 STREET ADDRESS							
STREET ADDRESS										
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NAME			22 NAME							
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NAME										
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NAME			6 2 NAME							
STREET ADDRESS	3		4	TADDRESS						
CITY-ST-ZIP			6.4 CITY-S		1	(A)	1 1 4			
14. I heret y	certify that the information supplied wit	n this filing does not qualify for	the exempt	ion state t my sior	d in Section 119.07 hat ire shall have th	(3)(i), Florida Stat e same legal effec	utes. I further o	erury that the #	niormation Lam an	

Country

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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.