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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90027 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000011467

1. Corporation Name
GTI TELECOM, INC.

Principal Place of Business
 507 NORTH NEW YORK AVE
 SECOND FLOOR
 WINTER PARK FL 32789

Mailing Address
 507 NORTH NEW YORK AVE
 SECOND FLOOR
 WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 5080 Tuttle Crossing Blvd
 Suite, Apt. #, etc.
 22
 City & State
 23 Dublin OH
 Zip Country
 24 43016-3566 25 USA

2a. Mailing Address
 26 5080 Tuttle Crossing Blvd
 Suite, Apt. #, etc.
 27
 City & State
 28 Dublin OH
 Zip Country
 29 43016-3566 30 USA

3. Date incorporated or Qualified
 02/15/1993

4. FEI Number
 59-3166693

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SPANGENBERG, ERICH L ^{OK}	
STREET ADDRESS	5080 TUTTLE CROSSING	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	LINDAUER, JEFFREY L	
STREET ADDRESS	5080 TUTTLE CROSSING	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEREDAY, THADDEUS	
STREET ADDRESS	5080 TUTTLE CROSSING	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Dublin, OH 43016-3566	
2.1 TITLE	PR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wayne Woodgett ^{OK}	
2.3 STREET ADDRESS	5080 Tuttle Crossing Blvd	
2.4 CITY-ST-ZIP	Dublin, OH 43016-3566	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Dublin, OH 43016-3566	
4.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Lorsch	
4.3 STREET ADDRESS	5080 Tuttle Crossing Blvd	
4.4 CITY-ST-ZIP	Dublin, OH 43016-3566	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fred Fielding	
5.3 STREET ADDRESS	5080 Tuttle Crossing Blvd	
5.4 CITY-ST-ZIP	Dublin, OH 43016-3566	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Smith	
6.3 STREET ADDRESS	5080 Tuttle Crossing Blvd	
6.4 CITY-ST-ZIP	Dublin, OH 43016-3566	

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: _____ 4/27/99 614-789-3600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)