PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000020732 (2) **DOCUMENT** # 1. Corporation Name

G T AUTO SALES, INC. Principal Place of Business Malma Address



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	east 12th avenue NRK FL 33334		4861 NORTHEAST 12 OAKLAND PARK FL				1 1					
							3. Date Incorporated or Qualified	3a. Date	o ^r La	ist Re	eport	
							03/15/1993 03/20/1995) 5		
Principal Place of Business			2a. Mailing Address				4. FEI Number				Applied For	
		26					65-0395959				√ot Applicat	
Suite, Apt. #	, etc	27	Suite Apt. #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State			- * ··	6. Election Campaign Financing		\$1	5.00	May Be	
L		28		···			Trust Fund Contribution		А	ddec	to Fees	
Zip]	Country 25	29	Ζρ	Gour 30	ntry		This corporation has liability for Florida Statutes X Yes	intangible ta []] No	x und	ier s	199.032,	
L	9. Name and Address of Current		stered Agent				10. Name and Address of New F		Agen	t		
					81	Name						
TERRAN	EO, GARY N			}	B2	<u> </u>	dress (P.O. Box Number is Not Acceptab	. lal				
	ORTHEAST 12TH AVENUE				02	Street Add	dress (F.O. box Number is Not Acceptat.	ne)				
	ID FL 33334			Ţ	83					• • • • • • • • • • • • • • • • • • • •		
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					84	City		FI	85	Zip	Code	
2.	OFFICERS AND I		DIORS	13.			ADDITIONS/CHANGES TO OFF					
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ME	TERRANEO, GARY N	_		1.2 NA								
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REET ADORESS						ADDRESS						
ITV . ST . 7/P				64.01								

14. Too hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. Further certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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

SIGNATURE: GARY TESTANCE 430-96 723-4847
SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Can Diagram From 1