

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gloria B. Markham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAR -7 PH 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030987 (0)

1. Corporation Name

GTC INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 605
GOLDENROD FL 32733

P.O. BOX 605
GOLDENROD FL 32733

1849 SOUTH KIRKMAN RD #1137
ORLANDO, FL 32811 - TEL (407) 578-0850

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/28/1993

3a. Date of Last Report
08/10/1994

4. FEI Number
59-3180843

Applied For
Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4530 W. Colonial Drive

26 1849 S. Kirkman Road

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
ORLANDO - FL

28 City & State
ORLANDO, FL

24 Zip
32808

25 Country
USA

29 Zip
32811

30 Country
U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

NOUR HAKIM - Resident -

03/03/95

(Sign name, typed or printed name of registered agent and type of residence)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
P
HAKIM, NOUR F
STREET ADDRESS
1849 S. KIRKMAN RD. # 1137
CITY-ST-ZIP
ORLANDO FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 addition.

SIGNATURE:

NOUR HAKIM - President of G.T.C.

03/03/95

(407) 578-0850

(Signature and typed or printed name of signing officer or director)

Date

Telephone