

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000040171 (9)**

1. Corporation Name  
**GTN CORP.**



Principal Place of Business <b>2400 WEST CYPRESS CREEK ROAD SUITE 205 FORT LAUDERDALE FL 33309 US</b>	Mailing Address <b>2400 WEST CYPRESS CREEK ROAD SUITE 205 FORT LAUDERDALE FL 33309 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/01/1993</b>	3a. Date of Last Report <b>07/16/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0418956</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANUEL, AVILA E  
2250 S.W. 3RD AVENUE, 5TH FLOOR  
SUITE 750  
MIAMI FL 33129**

81 Name <b>Ronald J. Zeller, ESQ</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>411 S. County RD.</b>
83 Suite <b>Suite 200</b>
84 City <b>Palm Bch.</b>
85 Zip Code <b>FL 33480</b>

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

*Ronald J. Zeller*  
Signature, typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**7/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Secretary/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DUNNE SR., GERALD M.</b>		1.2 NAME <b>Marla DeCrescenzo</b>	
STREET ADDRESS <b>2400 WEST CYPRESS CREEK ROAD, SUITE 205</b>		1.3 STREET ADDRESS <b>2400 W. Cypress Creek RD. #205</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		1.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33309</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Treasurer/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>OTTENS, WILLIAM ERIC</b>		2.2 NAME <b>Jose D. Enriquez Jr.</b>	
STREET ADDRESS <b>2400 W. CYPRESS CREEK ROAD, SUITE 205</b>		2.3 STREET ADDRESS <b>2400 W. Cypress Creek RD. # 205</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>		2.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33309</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUNNE, EDWARD P.</b>		3.2 NAME	
STREET ADDRESS <b>2400 W. CYPRESS CREEK ROAD, SUITE 205</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *[Signature]* **954) 491-7300**

CR2E034 (4/97)