

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

APPROVED AND FILED *pg 10/2*

93 MAY -8 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000040171 (9)**

1. Corporation Name
GTN CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2400 WEST CYPRESS CREEK ROAD SUITE 205 FORT LAUDERDALE FL 33309 US	Mailing Address 2400 WEST CYPRESS CREEK ROAD SUITE 205 FORT LAUDERDALE FL 33309 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/01/1993	
4. FEI Number 65-0418956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MANUEL, AVILA E 2250 S.W. 3RD AVENUE, 5TH FLOOR SUITE 750 MIAMI FL 33129
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10. Name and Address of New Registered Agent 81 Name RONALD J. ZELLER, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 411 SOUTH COUNTY ROAD, SUITE 200 83 84 City PALM BEACH FL 85 Zip Code 33480

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* **RONALD J. ZELLER, Registered Agent** DATE **4/28/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CD DUNNE SR., GERALD M.
STREET ADDRESS	2400 WEST CYPRESS CREEK ROAD, SUITE 205
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	STD OTTENS, WILLIAM ERIC
STREET ADDRESS	2400 W. CYPRESS CREEK ROAD, SUITE 205
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD DUNNE, EDWARD P.
STREET ADDRESS	2400 W. CYPRESS CREEK ROAD, SUITE 205
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD DECRESCENZO, MARLA
STREET ADDRESS	2400 W CYPRESS CREEK RD #205
CITY-ST-ZIP	FORT LAUDERDALE FL
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	9000002528633-3
1.3 STREET ADDRESS	-05/19/98--01035--011
1.4 CITY-ST-ZIP	****246.25 ****246.25
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP PETER HINCKLEY
2.3 STREET ADDRESS	2400 WEST CYPRESS CREEK ROAD, SUITE 205
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/D/T DUNNE, EDWARD P.
3.3 STREET ADDRESS	[Same]
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S DECRESCENZO, MARLA
4.3 STREET ADDRESS	[Same]
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)

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STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

To the Secretary of the State of Florida:

Pursuant to the provisions of Sections 607.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement to change its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the Corporation is GTN CORP.

SECOND: The name and address of its present registered agent are:
Manuel, Avila E., 2250 S.W. 3rd Avenue, 5th Floor, #750,
Miami, Florida 33129.

THIRD: The name and address of its new registered agent are:

Ronald J. Zeller, Esq.
411 South County Road, Suite 200
Palm Beach, FL 33480

FOURTH: Such change was authorized by resolution duly adopted by its board of directors.

DATED: 4-28-78

GTN CORP.,
a Florida Corporation

By: Edward P. Dwyne
Printed Name: Edward P. Dwyne
Authorized Officer

I hereby agree to act in the capacity as registered agent for GTN CORP., a Florida Corporation, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and to accept the duties and obligations of Section 607.0505, Florida Statutes.

By: Ronald J. Zeller
Ronald J. Zeller
Registered Agent