PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000070170

1. Corporation Name

GT ENTERPRISES INTERNATIONAL, INC.

					_		
Principal Place	of Business	Mailing Address					
1975 SACRAMENTO 1975 SACRAMENTO WESTON FL 33326 WESTON FL 33326					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
l					10/04/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	polied For
21		26			65-0340351		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28		28	B		Trust Fund Contribution	Added t	to Fees
Zip	Country Zip Cou		Country		8. This corporation owes the current year Inter-	angible	
24	25	29 30	30		Personal Property Tax.	Yes	XINO .
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
81 Name							
THEOBALD, GEORGE JR.				treet Addre	ess (P.O. Box Number is Not Acceptable)		
1975 SACRAMENTO							
WESTON FL 33326			83				
			84 C	ity		85 Zip (Code
	FL	.	Ĺ_				
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							
	Signature, typed or printed name of registered ag		<u> </u>	nature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTO	DS IN 12
12.	<u>_</u>	ND DIRECTORS	13.	T .	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	D CEORGE IN					oage	
NAME	THEOBALD, GEORGE JR		1.2 NAME				
STREET ADDRESS			1.3 STREET AD				
CITY-ST-ZIP			1.4 CITY-ST-ZIF	3		Change	Addition
TITLE		☐ DELETE	2.1 TITLE			onunge	
NAME			2.2 NAME				ĺ
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		O DELETE	2.4 CITY-ST-ZIP		, <u></u>	Change	Addition
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NAME			3.2 NAME				ļ
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NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADI				
CITY-ST-ZIP		S DELETE	4.4 CITY-ST-Zil	2		Change	Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME			□ cuange	
MARKE			E J.Z NAME	1			1

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 ke empowered. Block 12 or Block 13 if change

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition

May 05, 1999 8:00 am Secretary of State

05-05-1999 90046 026 ***150.00