FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003042 (6)**

1. Corporation Name
G T W GROUP, INC.

Principal Place of Business	Mailing Address
2240 WOOLBRIGHT RD. SUITE 336 BOYNTON BEACH FL 33426	2240 WOOLBRIGHT RD. SUITE 336 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0468829	☐ Applied For ☐ Not Applicable
21: 1520 A. NEPTUNE Drive	26: 1520A. NEPTUNE Drive		
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23: City & State: BOYNTON BEACH FL	28: City & State: BOYNTON BEACH, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24: Zip: 33426. 25: Country: U.S.	29: Zip: 33426 30: Country: U.S.	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBBER, JOHN L 3711 SHERWOOD BLVD. DELRAY BEACH FL 33445	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 — SAME — 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: [signature] DATE: 4-13-95.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GREESON, DONALD	12 NAME	
STREET ADDRESS	215 W. FAYETTE DR.	13 STREET ADDRESS	— NONE —
CITY-ST-ZIP	SYRACUSE NY 13202	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	WEBBER, JOHN L	22 NAME	
STREET ADDRESS	3711 SHERWOOD BLVD.	23 STREET ADDRESS	— NONE —
CITY-ST-ZIP	DELRAY BEACH FL 33445	24 CITY-ST-ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	TREADWELL, WILLIAM T III	32 NAME	
STREET ADDRESS	810 S. LAKESIDE DR.	33 STREET ADDRESS	— NONE —
CITY-ST-ZIP	LAKE WORTH FL 33460	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 4-13-95 (407) 364-1000
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0234490 CP