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 20 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010995 (6)**

1. Corporation Name
G. T. GLOBAL MARKETING, INC.

Principal Place of Business	Mailing Address
12811 KENWOOD LANE SUITE 203 FORT MYERS, FL 33907	12811 KENWOOD LANE SUITE 203 FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:

21	2. Principal Place of Business: 6385 Preservation Court	26	2a. Mailing Address: SAME
22	Suite, Apt. #, etc.: 203	27	Suite, Apt. #, etc.
23	City & State: Fort Myers FL	28	City & State
24	Zip: 33919	25	Country: USA
29	Zip	30	Country

4. FEI Number: 65-0469901 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELLISON, LARRY D 17274 SAN CARLOS BLVD. SUITE 202 FORT MYERS FL 33931	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ DATE
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	SOHN, EUGENE	12 NAME	
STREET ADDRESS	6361 PELICAN BAY BLVD., #1104	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	President, Secretary ☒ Change ☐ Addition
NAME	COTTER, SANDY	22 NAME	
STREET ADDRESS	14578 MAJESTIC EAGLE COURT	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SOHN, JOANN	32 NAME	
STREET ADDRESS	6361 PELICAN BAY BLVD., #1104	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	34 CITY-ST-ZIP	
TITLE		41 TITLE	Vice President ☒ Change ☐ Addition
NAME		42 NAME	Cotter, John
STREET ADDRESS		43 STREET ADDRESS	14578 Majestic Eagle Court
CITY-ST-ZIP		44 CITY-ST-ZIP	Fort Myers FL 33912
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: Sandy Cotter SANDY COTTER 4/15/95 813 466-5939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0931661 CP