

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90170 012 \*\*\*150.00

0671673

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P95000003879**

1. Corporation Name  
**GTM COMMUNICATIONS, INC.**

Principal Place of Business 5450 N. FED HWY LIGHTHOUSE PT. FL 33064	Mailing Address 5450 N. FED HWY LIGHTHOUSE PT. FL 33064
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3907 N. Federal Hwy Suite, Apt. #, etc. 22 Suite 125 City & State 23 Pompano Bch. FL. Zip 24 33064	25 USA	2a. Mailing Address 26 3907 N. Federal Hwy Suite, Apt. #, etc. 27 Suite 125 City & State 28 Pompano Bch. FL. Zip 29 33064	30 USA
---	--------	--	--------

3. Date Incorporated or Qualified 01/12/1995	4. FEI Number 65-0576701	Applied For Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WEISSMAN, HAROLD**  
 1776 PINE ISLAND RD  
 SUITE 118  
 PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 \_\_\_\_\_ 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	NAME	1.1 TITLE	1.2 NAME
PD	NOWICK, TONY J		
	5450 N. FED. HWY.		
	LIGHTHOUSE PT. FL 33064		

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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony J. Nowick Date: 4/22/99 Daytime Phone #: 954-928-8888

CR2E034 (11/98)