PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000031681

1. Corporation Name

GJT CONSULTANTS INC.

,			•		
Principal Place	e of Business	Mailing Address			} I
16425 COLLINS		16425 COLLINS AVE			
APT 2912	,	APT 2912			
MIAMI BCH FL	33160	MIAMI BCH FL 33160		DO NOT WRITE IN THIS SPACE	_
us		US		3. Date Incorporated or Qualifed	
*				04/21/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	—₁
21		26		59-3316293 Not Applicab	<u></u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	- }
22		27			\dashv
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23		28 Tim	Country		\dashv
Zip	Country	Zip	¬ ·	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No	
24	25	29 3	0	10. Name and Address of New Registered Agent	\dashv
	9. Name and Address of Curren	t Registered Agent	81 Name		\dashv
MAC	CKAY, JOHW W			George Twaters	_
201 SOUTH WESTLAND AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable) 16 4 2	2
	IPA FL 33606		83	16425 Colling Are APT 211	\dashv
I AIVI	IFA 1 L 33000		63	_	
			84 City	niani Pend FL 85 Zip Code 33/60	
		A COT LEGG EL LA CLARA	., ,		\dashv
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.5508, Florida Statutes of Florida. Such change was aut	i, the above-named cor horized by the corporal	poration submits this statement for the purpose of changing its registerection's board of directors. I hereby accept the appointment as registered	
agent. I a	im familiar with and accept the obliga	tions of Section 607.0505, Florid	la Statutes.	11.050	1
SIGNATURE	X Milled 1. 1	Miller		9-8-17-	- {
	Signature, typed or printed ame of registered ager		egistered Agent signature requirement 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅱ
12.	P OPFICERS AN	ID DIRECTORS DELETE	1.1 TITLE	Change Addit	ion
TITLE	1 '		1.2 NAME	- -	
NAME	TARSITANO, GEORGE				
STREET ADDRESS	16425 COLLINS AVE #2912		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addit	ion
TITLE	} •				- {
NAME			2.2 NAME	and the state of t	١ ١
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NAME				☐ Change ☐ Addii	tion
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SHILLIADDIALGO	16425 COLLINS AVE, #2912	- December	3.2 NAME 3.3 STREET ADDRESS	☐ Change ☐ Addii	tion
CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP		}
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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 of 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, if an an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90072 042 ***150.00