

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000033431 (4)**

1. Corporation Name

G.M.T. INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**3576 Lloyd Dr.
Ft. Lauderdale, Fl 33304**

**c/o Acctg. & Business Conslts.
790 E. Broward Blvd.
Suite 302
Ft. Lauderdale, Fl 33301**

3. Date Incorporated or Qualified
4/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

65-0575735

Applied For

Not Applicable

Suite Apt #, etc

Suite Apt #, etc

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUEDKE, GARY A
512 BAYSHORE DRIVE
#205
FT. LAUDERDALE, FL 33304**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3576 Lloyd Dr.

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

Signature typed or printed name of registered agent (if applicable)

Signature typed or printed name of registered agent (if applicable)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D LUEDKE, GARY A.**
STREET ADDRESS **~~512 BAYSHORE DR., #205~~**
CITY- ST- ZIP **FT. LAUDERDALE, FL 33304**

TITLE ☐ DELETE
NAME **D OLSON, TERESSA L**
STREET ADDRESS **~~512 BAYSHORE DR., #205~~**
CITY- ST- ZIP **FT. LAUDERDALE, FL 33304**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

3576 Lloyd Dr.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

**LUEDKE, TERESA L.
3576 Lloyd Dr.**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

**500001904705
-07/25/96--01095--006
***225.00**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96

Date

CR2E034 (12/95)