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FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000035710 (9)

1. Corporation Name
GTL COMMUNICATIONS INC.

Principal Place of Business
20 OAKWOOD CT.
PALM HARBOR FL 34683

Mailing Address
20 OAKWOOD CT.
PALM HARBOR FL 34683-3011



2. Principal Place of Business

21 1011 Baillies Bluff Rd

Suite, Apt. #, etc.

22 City & State
23 Holiday, FL

Zip

24 34691

Country

25 Pasco

2a. Mailing Address

26 1011 Baillies Bluff Rd

Suite, Apt. #, etc.

27 City & State
28 Holiday, FL

Zip

29 34691

Country

30 Pasco

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

APPLIED FOR 59-3309618

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

CALOBRISI, ANTONIO
20 OAKWOOD CT.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

CALOBRISI, ANTONIO

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

1011 BAILLIES BLUFF RD

83

84 City

HOLIDAY

FL

85 Zip Code

34691

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CALOBRISI, ANTONIO
STREET ADDRESS 20 OAKWOOD CT.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME CALOBRISI, ANTONIO
1.3 STREET ADDRESS 1011 BAILLIES BLUFF RD
1.4 CITY-ST-ZIP HOLIDAY, FL 34691

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

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

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 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, as changed, or on an attachment with an address.

SIGNATURE:

Antonio Calobrisi

4-25-97 813 797-1700

CR2E034 (9/96)