

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000048414 (3)

1. Corporation Name

GTM & ASSOCIATES, INC.

Principal Place of Business

1757 PAPAYA DR.
ORANGE PARK FL 32073

Mailing Address

1757 PAPAYA DR.
ORANGE PARK FL 32073

2. Principal Place of Business

21 Suite, Apt #, etc.

2a. Mailing Address

26 Suite, Apt #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

Country

Country

9. Name and Address of Current Registered Agent

GREENLEAF, V B
3250 TEA ROSE DR
JACKSONVILLE FL 32223

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	<input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJULIO, SANDRA A		12. NAME
STREET ADDRESS	1757 PAPAYA DR.		13. STREET ADDRESS
CITY-ST-ZIP	ORANGE PARK FL 32073		14. CITY-ST-ZIP
TITLE	VSD	<input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJULIO, PAUL		22. NAME
STREET ADDRESS	1757 PAPAYA DR.		23. STREET ADDRESS
CITY-ST-ZIP	ORANGE PARK FL 32073		24. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME
STREET ADDRESS			33. STREET ADDRESS
CITY-ST-ZIP			34. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME
STREET ADDRESS			43. STREET ADDRESS
CITY-ST-ZIP			44. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME
STREET ADDRESS			53. STREET ADDRESS
CITY-ST-ZIP			54. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 27 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified 06/21/1995	3a. Date of Last Report 03/26/1996
4. FEI Number 59-3320511	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

CR2E034 (9/96)

1-15-97

Daytime Phone #

06/09/98