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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060052 (4)

GT INVESTMENT CORP. OF SOUTH FLORIDA

Principal Place of Business Mailing Address 5311 SW 182 TERRACE 5311 SW 182 TERR FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0618184 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name DASCANIO, TERRI K 5311 SW 182ND TERR Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33331 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of requirement agreet and the of applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE D'ASCANIO, TERRI K NAME 1.2 NAME **5311 SW 182 TERRACE** STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Addition Change TITLE DELETE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS **STREET ADDRESS** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CIFY - ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE Addition TITL F 6.2 NAME NALE

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 convertaint or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chartied, or on an attachment with an address Ancanio

(954)252-0649

FILED

Feb 18 1998 8:00am

Secretary of State