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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073068

1. Corporation Name

G.T.B. VENTURES CO.

					. 1	
Principal Place of Business	Mailing Address	_			AUINI NUKUU NANIS BURSU S	
3005 SR 590	3005 SR 590			1		
STE 200 STE 200				DO NOT WRITE IN T	THIS SDACE	
CLEARWATER FL 33759 CLEARWATER FL		ATER FL 33759		DO NOT WRITE IN THIS SPACE		
US	US			3. Date Incorporated or Qualifed 09/21/1995		,
2. Principal Place of Business	2a. Mailing Address	_		4. FEI Number	Apr	olied For
21	26			59-3340992	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-		\$8.75 A	dditional
22	27			5. Certificate of Status Desired	Fee Red	<u>. </u>
City & State	City & State			6. Election Campaign Financing	\$5.00	
23	28		····	Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Cour	ntry	8. This corporation owes the current year		□No
24 25	29	30		Personal Property Tax. 10. Name and Address of New Registe		
9. Name and Address of Current	it Registered Agent		81 Name	To. Name and Address of New Registe	160 Agent	_
HARRIS, MARSHALL S.						
3005 SR 590			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
200		}	83			
CLEARWATER FL 34619		L				
			84 City	1	FI 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607 1508 Florida Statut	es the ab	ove-named corr	poration submits this statement for the purpos	e of changing its	registered
addition and a contract and a second a second and a second a second and a second and a second and a second and a second an	of Florida. Such change was a	utnonzed		ion's board of directors. I hereby accept the a	ppointment as reg	gistered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statu	by the corporati			
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat SIGNATURE Signature, typed or printed name of registered agent.	tions of, Section 607.0505, Flo	nda Statu	by the corporation test. Agent signature require	red when reinstating) DAT		
agent. I am familiar with, and accept the obligat SIGNATURE Signature, typed or printed name of registered agen	tions of, Section 607.0505, Flo	nda Statu	tes.		S AND DIRECTO	_
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agent. I am familiar with, and accept the obligat SIGNATURE Signature, typed or printed name of registered agen 12. OFFICERS AN	tions of, Section 607.0505, Flo and title if applicable. (NOTE ID DIRECTORS	Registered /	Agent signature require	red when reinstating) DAT	S AND DIRECTO	_
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SIGNATURE: