## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED Jun 09 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Fortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P 9600000783( GT Associates, Corp. Principal Place of Business Mailing Address SAME 10020 ACNab Rd TomaracfL 3. Date Incorporated or Qualified 3a. Date of Last Report **ろろひ**し Jan 25, 1996 2. Principal Place of Business 2a. Mailing Adoress Applied For 65-0748159 As above Suite, Apt. #, etc. 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees ZiD Country Country 8. This corporation has liability for intangible tax under s. 199.032. 24 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Golant Street Address (P.O. Box Number is Not Acceptable) 82 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 body, 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 will, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Recistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition M. Golant NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 3067 CITY-ST-ZIP 1.4 CITY - ST - ZiP DELFTE Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - 7/P CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 4.1 Tift E NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - S1 - ZIP DELETE 5.1 11111 Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETL 6 1 TITLE TITLE ogogozziiikº. 6.2 NAME NAME -06/13/97--01014--029 STREET ADDRESS 6.3 STHELL ADDRESS \*\*\*165.00 6.4 CITY-S1-7IP CITY-ST-ZIP 14. I do hereby certify that the information supplied with his 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 supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 an attachment with an ardress.

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

27 (9) 954 724 94L4