

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

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000054396 (2)**  
 1. Corporation Name  
**GT ENTERPRISES OF TAMPA, INC.**



Principal Place of Business <b>13103 THOMASVILLE CIRCLE APT D TAMPA FL 33617</b>	Mailing Address <b>13103 THOMASVILLE CIRCLE APT D TAMPA FL 33617-9561</b>
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2. Principal Place of Business <b>21 7117 N. ARMENIA AVE.</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>06/24/1996</b>	3a. Date of Last Report
22 <b>B</b>	27 Suite, Apt. #, etc.	4. FEI Number <b>59-3386351</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 <b>TAMPA, FL</b>	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>33604</b>	25 <b>U.S.A</b>	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent <b>GERGES, GEORGES</b> <b>13103 THOMASVILLE CIRCLE APT D</b> <b>TAMPA FL 33617</b>		B1 Name
		B2 Street Address (P.O. Box Number is Not Acceptable)
		B3
		B4 City
		<b>FL</b> B5 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERGES, GEORGES</b>	1.2 NAME	
STREET ADDRESS	<b>13103 THOMASVILLE CIRCLE APT D</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERGES, TRACY</b>	2.2 NAME	
STREET ADDRESS	<b>13103 THOMASVILLE CIRCLE APT D</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

CR2E034 (9/96)