

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90099 024 ***158.75

DOCUMENT # P96000055651

1. Corporation Name
GTC GENERAL TRADING COMPANY, INC.



Principal Place of Business
617 HAMMODVILLE RD.
POMPANO BEACH FL 33060

Mailing Address
617 HAMMODVILLE RD.
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1996

2. Principal Place of Business
21 3087 NW 28th St.,
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
65-0736589

Applied For
Not Applicable

22 City & State
23 Lauderdale Lakes,

27 City & State

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

24 FL 33311 25 USA

29 Zip Country
30

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOUAD, MEHREZ I
617 HAMMODVILLE RD.
POMPANO BEACH FL 33060

81 Name FOUAD, MEHREZ I

82 Street Address (P.O. Box Number is Not Acceptable)
3087 NW 28th St.

83

84 City Lauderdale Lakes FL 85 Zip Code 33311

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 *Mehrez I. Fouad*
Signature, typed or printed name of registered agent and title if applicable.

Mehrez I. Fouad
(NOTE: Registered Agent signature required when reinstating)

3-27-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME FOUAD, MEHREZ I
STREET ADDRESS 617 HAMMODVILLE RD.
CITY-ST-ZIP POMPANO BEACH FL 33060

1.1 TITLE FOUAD, Mehrez I. ☒ Change ☐ Addition
1.2 NAME 3087 NW 28th St. of Add.
1.3 STREET ADDRESS Lauderdale Lakes, FL 33311
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME ABUSEITAN, MOUSA
STREET ADDRESS 617 HAMMODVILLE RD.
CITY-ST-ZIP POMPANO BEACH FL 33060

2.1 TITLE ABUSBEITAN, MOUSA ☒ Change ☐ Addition
2.2 NAME 3087 NW 28th St. of last Name
2.3 STREET ADDRESS Lauderdale Lakes, FL 33311 + ADD.
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Mehrez I. Fouad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-99
Date

(954) 735-7775
Daytime Phone #

CR2E034 (11/98)

0155052