

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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90130 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000033028

1. Corporation Name

GTS MANAGEMENT INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7780 CAMBRIDGE MANOR PLACE  
SUITE C  
FORT MYERS FL 33907

Mailing Address

7780 CAMBRIDGE MANOR PLACE  
SUITE C  
FORT MYERS FL 33907

2. Principal Place of Business

21 11905 N.W. 12th ST

Suite, Apt. #, etc.

2a. Mailing Address

26 11905 N.W. 12th ST

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/09/1998

4. FEI Number

65-0826563

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

GINOLI, ADRIAN MR.  
7780 CAMBRIDGE MANOR PLACE  
SUITE C  
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Adrian Ginoli

82 Street Address (P.O. Box Number is Not Acceptable)

11905 N.W. 12th ST

83

84 City

Pembroke Pines

FL

85 Zip Code

33026

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

*Adrian Ginoli*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GINOLI, ADRIAN  
STREET ADDRESS 7780 CAMBRIDGE MANOR PLACE #C  
CITY-ST-ZIP FORT MYERS FL 33907

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:

*Adrian Ginoli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 15/99 (994)432-6239

CR2E034 (11/98)