

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 JUL 10 PM 2: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100001533871  
-07/10/95--01031--001  
\*\*\*9225.00 \*\*\*#225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **S25415** (8)  
1. Corporation Name  
**GITT, INC.**

Principal Place of Business Mailing Address  
**C/O FLORIDA REGISTERED AGENTS INC**  
**100 SE 2ND ST #3000**  
**MIAMI FL 33133**  
**US**

3. Date Incorporated or Qualified **01/16/1991** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **65-0245483** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 26. Mailing Address  
21 **2601 S. Bayshore Dr.** 26 **2601 S. Bayshore Dr.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 1600** 27 **Suite 1600**  
City & State City & State  
23 **Miami, Florida** 28 **Miami, Florida**  
Zip Country Zip Country  
24 **33133** 25 **U.S.** 29 **33133** 30 **U.S.**

9. Name and Address of Current Registered Agent  
**FLORIDA REGISTERED AGENTS INC**  
**100 SE 2ND ST #3000**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent  
01 Name **A Z Registered Agent Corporation**  
02 Street Address (P.O. Box Number is Not Acceptable) **2601 S. Bayshore Drive**  
03 **Suite 1600**  
04 City **Miami** FL 05 Zip Code **33133**

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 understand the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE **By: Justin T. Wilson**  
**Justin T. Wilson, Secretary** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GITTLEMAN, MARC</b>
STREET ADDRESS	<b>1930 N OAK HAVEN CIRCLE</b>
CITY - ST - ZIP	<b>N. MIAMI BEACH FL 33179</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: **Marc Gittleman** 5/14/95 305-891-5060  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR DATE (Type in Florida #)