

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS



05/11/95 PM 1:20

DOCUMENT # **S47362 (6)**
1. Corporation Name
GFTCT, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
~~1092 CORAL CLUB DR
CORAL SPRINGS FL 33071~~ **7440 NW 51ST ST
LAUDERHILL FL 33309**
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CORAL SPRINGS FL 33071~~ **7440 NW 51ST ST
LAUDERHILL FL 33309**

3. Date Incorporated or Qualified **04/22/1991** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0262474** 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 2a. Mailing Address
21 ***7440 NW 51ST STREET** 26 **7440 NW 51ST STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **LAUDERHILL FL 33309** 28 **LAUDERHILL FL**
24 **33309** 25 **BROWARD** 29 **33309** 30 **BROWARD**

9. Name and Address of Current Registered Agent
**GUY FARONE
7440 NW 51ST STREET
LAUDERHILL FL 33351**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is NET acceptable) **700001939247
-09/05/96--01021--001**
83 *******61.25 *****61.25**
84 City **FL** 85 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 607.0506, Florida Statutes.

SIGNATURE _____ (Signature of registered agent who is not a corporation, partnership, or other legal entity) _____ (Signature of registered agent who is a corporation, partnership, or other legal entity) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TSACLAS, THOMAS	
STREET ADDRESS	1092 CORAL CLUB DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	FARONE, GUY	
STREET ADDRESS	7440 NW 51ST ST	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Phyllis	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phyllis Thomas
1.3 STREET ADDRESS	4022 INDEPENDENT RD
1.4 CITY-ST-ZIP	LAUDERHILL FL 33309
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUY FARONE
2.3 STREET ADDRESS	7440 NW 51ST STREET
2.4 CITY-ST-ZIP	LAUDERHILL FL 33309
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	President Phyllis Farone
3.3 STREET ADDRESS	7440 N.W. 51ST STREET
3.4 CITY-ST-ZIP	LAUDERHILL, FL 33309
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	

Any man 8-23-96

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 119.07(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 of this form on an attachment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director)
Phyllis Farone
Date: **8/27/96** **Phyllis Farone** **954-742-3444**

DF-941-9603-051596

CR2E034 (12/95)