FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V10105 (7)

1. Corporation Name
GTD, INC.

Principal Place of Business	Mailing Address
17201 BISCAYNE BLVD. MIAMI FL 33160 US	17201 BISCAYNE BLVD. MIAMI FL 33160 US

2. Principal Place of Business
21 8412 CARACAS AVE.
Suite, Apt #, etc.
22
City & State
23 ORLANDO, FL
Zip 24 32825 Country 25 US

2a. Mailing Address
26 8412 CARACAS AVE
Suite, Apt #, etc.
27
City & State
28 ORLANDO, FL
Zip 29 32825 Country 30 US

3. Date Incorporated or Qualified: 01/27/1992
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-3106719 ☐ 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

9. **Name and Address of Current Registered Agent**

DRYSDALE, GORDON T.
9761 E. BAY HARBOR DR.
SUITE 7-N
BAY HARBOR FL 33154

10. **Name and Address of New Registered Agent**
81 Name: JEAN T. HENDER
82 Street Address (P.O. Box Number is Not Acceptable): 8412 CARACAS AVE
83
84 City: ORLANDO FL 85 Zip Code: 32825

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 Jean T. Hender   3·31·96
Signature, typed or printed name of registered agent and title if applicable   NOTE: Registered Agent signature required when reinstating   DATE

12. OFFICERS AND DIRECTORS

TITLE	DPV	☐ DELETE
NAME	DRYSDALE, GORDON T	
STREET ADDRESS	17201 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8412 CARACAS AVE	
1.4 CITY-ST-ZIP	ORLANDO FL 32825	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	ZAHNISER, JULIE A	
2.3 STREET ADDRESS	8412 CARACAS AVE	
2.4 CITY-ST-ZIP	ORLANDO FL 32825	
3.1 TITLE	~~T/S~~	~~☐ Change ☒ Addition~~
3.2 NAME	~~JEAN T. HENDER~~	
3.3 STREET ADDRESS	~~8412 CARACAS AVE~~	
3.4 CITY-ST-ZIP	~~ORLANDO FL 32825~~	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: Gordon T Drysdale   3/31/1996   407-384-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #