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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55616

(9)

G T U, INC.

Principal Place of Business

Mailing Address

FILED Jan 14 1997 8:00am Secretary of State



	ROAD FL 32095	900-A BIG OAK ROAD ST AUGUSTINE FL 32095	i-6262		3. Date Incorporated or Qualified	3a, Date	of Last R	leport
					07/31/1992	02/05	/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			oplied For
21		26			59-3135936		No	ot Applicable
Suite Apt	# etc	Suite, Apt #, etc			5. Certificate of Status Desired			Additional equired
City & State	0	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρ 24	Country 25	7ip 29	Country 30	/	8. This corporation has liability for i	intangible ta		199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
RICE	, FREDERICK L. P.A.		81	Name				
5611	ST. AUGUSTINE ROAD INDEPENDENT DR		82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	KSONVILLE FL 32207		83	1			· · · · · · · · ·	
uno.	MOONINEE (E SEED)		84	City		FL	85 Zip	Code
SIGNATURE	bug also typed or jert barrane of o gelfectrag		DE Registered Ag		ation's board of directors. I hereby accep	DATE		
				ic i. algitatore requ				
12.		ID D'HECTORS	13.	is it algeria sire requ	ADDITIONS/CHANGES TO OFFIC	ERS AND D		
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TIFLE	dpst Benson, Joy		1.1 TITLE 1.2 NAME			ERS AND D		
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4. I do hereby certify that the information suppried with this fring does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statules, if 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 have an officer or director of the corporation of the receiver or fusite empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or an attaching it with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 (904) 8252886