FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 15 1997 8:00am Secretary of State

DOCU 1. Corporatio	MENT # 753863	3 (0)			
FTA PA	C, INC.			I INDIN IERDI AKAN IMAH ININ DINU I	A AIRM AIRM AIRM BIRM BIRM BIRM ITAN
B : - 1 - 1 B : -	- A Decision	A A - W A - A - A - A - A - A - A			
Principal Plac	ce of Business	Mailing Address			. 41611 61811 61811 61811 61811 61811
		350 E COLLEGE AVE. TALLAHASSEE FL 32301-1	522		
				 Date Incorporated or Qualified 08/27/1980 	3a. Date of Last Report 08/02/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2020452	Applied For
		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
WEDD T	· ON I				
WEBB, TOM 350 E. COLLEGE AVE.			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	ASSEE FL 32301		83		
			84 City		85 Zip Code
	10-10-10-1	00 1 047 4500 5114- 01-4			
11. Pursuant office or i	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Florida Status of Florida, Such chappe was	ites, the above-named corporations authorized by the corporations.	rporation submits this statement for the pration's board of directors. I hereby accep	t the appointment as registered
	am familiar with, and accupt the oblig	ations of Section 677.0503, F	lorida Statutes.	An	29 (97
SIGNATURE	Signature typed or printed name of registered ac	ent and title if applicable. (NC	OTE: Registered Agent signature req	ulred when reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THE	CD	☐ DELETE	1.1 TITLE		Change Addition
NAME OFFICE ADDRESS	BOSTICK, W GUY		1.2 NAME		
STREET ADDRESS	502 E. BRIDGE AVE AUBURNDALE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D AUDUNIUALE FL				
NAMÉ	•	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
	L.JACKSON, ROBERT	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	JACKSON, ROBERT 155 E. 21 ST.	DELETE	2.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP	155 E. 21 ST.	DELETE	2.1 TITLE 2.2 NAME		Change Addition
		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHTY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	D FOCARTY GENE	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	D FOGARTY, GENE	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E 1193 CUMBERLAND AVE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	D Fogarty, Gene 1193 Cumberland Av	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	D Fogarty, Gene 1193 Cumberland Av Tampa, Fl	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E 1193 CUMBERLAND AVE TAMPA FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Fogarty, Gene 1193 Cumberland Av Tampa, Fl	Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E 1193 CUMBERLAND AVE TAMPA FL D	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	D Fogarty, Gene 1193 Cumberland Av Tampa, FL	Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E 1193 CUMBERLAND AVE TAMPA FL D BROWN, CHARLIE	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	D Fogarty, Gene 1193 Cumberland Av Tampa, FL	Change Addition Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E 1193 CUMBERLAND AVE TAMPA FL D BROWN, CHARLIE 2200 W. LANDSTREET RD ORLANDO FL T	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	D Fogarty, Gene 1193 Cumberland Av Tampa, FL	Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E 1193 CUMBERLAND AVE TAMPA FL D BROWN, CHARLIE 2200 W. LANDSTREET RD ORLANDO FL T POOSER, A.E.	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE 6.2 NAME	D Fogarty, Gene 1193 Cumberland Av Tampa, FL	Change Addition Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	155 E. 21 ST. JACKSONVILLE FL VC ALTERMAN, SIDNEY 12805 NW 42ND AVE OPA LOCKA FL D FOGARTY, JERRY E 1193 CUMBERLAND AVE TAMPA FL D BROWN, CHARLIE 2200 W. LANDSTREET RD ORLANDO FL T	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE	D FOGARTY, GENE 1193 CUMBERLAND AV TAMPA, FI	Change Addition Change Addition Change Addition Change Addition

14. I do 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 facelier or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an effective mental and the second statutes.

SIGNATURE:

ONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

21/29/97 (904)

(904)222-9900 Daytime Phone #0007838