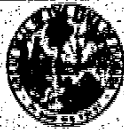


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 659908 (8)

1. Corporation Name

FIRST TRUST SERVICES, INC.

Principal Place of Business

660 S. FEDERAL HWY
P.O. BOX 50465
POMPANO BEACH FL 33062
US

Mailing Address

P.O. BOX 50465
LIGHTHOUSE POINT FL 33074
US

FILED

95 JUL -7 AM 9:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/20/1980

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1988620

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

21 660 S. Federal HWY.

2a. Mailing Address

26 P.O. Box 51465

Suite, Apt. #, etc.

22 Suite 101

Suite, Apt. #, etc.

27 City & State
28 Lighthouse Pt. Fl.

City & State

23 Pompano Beach, Fl

33062

Country US

29 33074

Country US

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL ROBERT T
660 SOUTH FEDERAL HWY
POMPANO BEACH FL 33062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

660 S. Federal Hwy Suite 101

83

84 Pompano Beach, FL.

FL

85

33062

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

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	PST
NAME	HALL, ROBERT T.
STREET ADDRESS	1961 N.E. 34 CT.
CITY - ST - ZIP	LIGHTHOUSE PT. FL
TITLE	D
NAME	RODGERS, SUSAN J
STREET ADDRESS	981 S W 11 TERRACE
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	D
NAME	FOSTER, KATHY HALL
STREET ADDRESS	1961 N E 34 CT
CITY - ST - ZIP	LIGHTHOUSE PT, FL 00000
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. TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	1961 N.E. 34th Ct. Apt A
14 CITY - ST - ZIP	Lighthouse Pt. Fl 33064
2. TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	Boca Raton, Fl
24 CITY - ST - ZIP	33486
3. TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	1961 N.E. 34th Ct. Apt A
34 CITY - ST - ZIP	Lighthouse Pt. Fl. 33064
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(d), 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 Robert T. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30, 1995

305-781-1700

CHUCK BRY