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

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 659908 (8)

1. Corporation Name
FIRST TRUST SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
660 S. FEDERAL HWY P.O. BOX 50465 POMPANO BEACH FL 33062 US	P.O. BOX 50465 LIGHTHOUSE POINT FL 33074 US

3. Date Incorporated or Qualified: 03/20/1980
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1988620	☐ Applied For ☐ Not Applicable
21 660 S. Federal HWY.	26 P.O. Box 51465		
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Pompano Beach, Fl	City & State 28 Lighthouse Pt. Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33062 Country 25 US	Zip 29 33074 Country 30 US	8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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	31 Name 32 Street Address (P.O. Box Number is Not Acceptable): 660 S. Federal Hwy Suite 101 33 34 City: Pompano Beach, FL. FL 35 Zip Code: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE		☒ Change ☐ Addition
NAME	HALL, ROBERT T.	1.2 NAME		
STREET ADDRESS	1961 N.E. 34 CT.	1.3 STREET ADDRESS	1961 N.E. 34th Ct. Apt A	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	1.4 CITY-ST-ZIP	Lighthouse Pt. Fl 33064	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	RODGERS, SUSAN J	2.2 NAME		
STREET ADDRESS	981 S W 11 TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	Boca Raton, Fl 33486	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	FOSTER, KATHY HALL	3.2 NAME		
STREET ADDRESS	1961 N E 34 CT	3.3 STREET ADDRESS	1961 N.E. 34th Ct. Apt A	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	3.4 CITY-ST-ZIP	Lighthouse Pt. Fl. 33064	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 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 — June 30, 1995 — 305-781-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

CHECK $$

0141620 FP