

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # F96000000958 (6)

1. Corporation Name
F.T. AGENCY, INC.



Principal Place of Business

1 COMMERCE SQ. 2005 MARKET ST
PHILADELPHIA PA 19103-3212

Mailing Address

1 COMMERCE SQ. 2005 MARKET ST
PHILADELPHIA PA 19103

2. Principal Place of Business

21 34 Fountain Sq
Suite, Apt. #, etc.

22 City & State
Cincinnati, Ohio

23 Zip
45202

Country

USA

2a. Mailing Address

26 One Commerce Sq.
Suite, Apt. #, etc.

27 2005 Market St.
City & State

28 Phila, PA
Zip

Country

USA

3. Date Incorporated or Qualified

02/26/1996

3a. Date of Last Report

Initial

4. FEI Number

31-1422427

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of officer or director of corporation and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DC	SPANNE, WILLIAM T JR	1 COMMERCE SQ, 2005 MARKET ST	PHILADELPHIA PA 19103-3212	<input type="checkbox"/> DELETE			
D	DONATO, LAWRENCE E	1 COMMERCE SQ, 2005 MARKET ST	PHILADELPHIA PA 19103-3212	<input type="checkbox"/> DELETE			
DP	MILLER, MORRIS L JR	1 COMMERCE SQ, 2005 MARKET ST	PHILADELPHIA PA 19103-3212	<input type="checkbox"/> DELETE			
V	STRENK, JOSEPH D	400 W MARKET ST	LOUISVILLE KY 40232	<input type="checkbox"/> DELETE			
S	KAPLAN, ROBERT B	1 COMMERCE SQ, 2005 MARKET ST	PHILADELPHIA PA 19103-3212	<input type="checkbox"/> DELETE			
T	WILLIAMS, ROBERT D	1 COMMERCE SQ, 2005 MARKET ST	PHILADELPHIA PA 19103-3212	<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	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	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 D. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97
Date

(215) 636-3241
Daytime Phone #

CR2E034 (9/96)