

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G03890

1. Corporation Name

FTL HOLDINGS, INC.

Principal Place of Business

5553 RAVENSWOOD RD., #113
FT. LAUDERDALE FL 33312-6655

Mailing Address

5553 RAVENSWOOD RD., #113
FT. LAUDERDALE FL 33312-6655



2. Principal Place of Business

21 16505 East Course Dr

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33624

Country

25 Hillsb.

2a. Mailing Address

26 c/o Diercksen

Suite, Apt. #, etc.

27 16505 East Course Dr

City & State

28 Tampa, FL

Zip

29 33624

Country

30 Hillsb

3. Date Incorporated or Qualified
10/11/1982

3a. Date of Last Report
02/14/1995

4. FEI Number

59-2227016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DIERCKSEN, WILLIAM
8412 SABAL INDUSTRIAL BLVD.
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

Diercksen, William

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

16505 East Course Dr

83

84 City

Tampa

FL

85 Zip Code

33624

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 Registered Agent and this if applicable

William C. Diercksen

S-2-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NESSELROTE, STEVE
STREET ADDRESS 3106 BERMWOOD LANE
CITY-ST-ZIP HOLLYWOOD FL

TITLE STD
NAME DIERCKSEN, WILLIAM C.
STREET ADDRESS 16505 E. COURSE DR.
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

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

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)(k), 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 the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-2-96

DATE

813-621-9744

Daytime Phone #

CR2E034 (12/95)