

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN - 7 AM 10: 47

DOCUMENT # **J68646** (5)

1. Corporation Name  
**FTM HOLDINGS, INC.**

Principal Place of Business Mailing Address  
**500 CYPRESS CREEK RD. WEST SUITE 500 FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/20/1987	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0002631	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BELL, JAMES D</b> <b>500 W CYPRESS CRK RD</b> <b>STE 500</b> <b>FT. LAUDERDALE FL 33309</b>				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 \_\_\_\_\_ 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BELL, JAMES D	1.2 NAME					
STREET ADDRESS	500 CYPRESS OAK ROAD, SUITE 500	1.3 STREET ADDRESS					
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP					
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BELL, JAMES D.	2.2 NAME					
STREET ADDRESS	500 CYPRESS CREK RD WEST	2.3 STREET ADDRESS					
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP					
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SERFUSTINI, ANTHONY	3.2 NAME					
STREET ADDRESS	500 CYPRESS CREEK RD W	3.3 STREET ADDRESS					
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		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 110.07(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 in an attachment with an address.

SIGNATURE: *J Bell James Bell* 25 May 95 305 771 7720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #