SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J91497** **(4)**

1. Corporation Name
FERTEK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
309 CONCHA DRIVE P. O. BOX 782085 SEBASTIAN FL 32978	309 CONCHA DRIVE P. O. BOX 782085 SEBASTIAN FL 32978

3. Date Incorporated or Qualified: **09/08/1987**
3a. Date of Last Report: **08/25/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2875374** ☐ 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

FERGUSON, BRUCE EDWARD
309 CONCHA DR
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name: Same
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: Bruce Ferguson 6/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, BRUCE EDWARD		1.2 NAME		
STREET ADDRESS	814 ROSELAND RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, KENNETH		2.2 NAME		
STREET ADDRESS	4031 NE 18TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, THOMAS		3.2 NAME		
STREET ADDRESS	3377 COCOPLUM CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EASTER, PERRY		4.2 NAME		
STREET ADDRESS	7385 163RD COURT N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, LARRY		5.2 NAME		
STREET ADDRESS	4031 NE 18TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Ferguson 6/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #