FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L11019**   **(1)**

1. Corporation Name

F.T.D.K., INC.

Principal Place of Business	Mailing Address
1800 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952	1800 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952-2665

3. Date Incorporated or Qualified **08/23/1989**	**3a.** Date of Last Report **04/29/1996**

2. Principal Place of Business **21**	**2a.** Mailing Address **26**	**4.** FEI Number **59-2967522**	Applied For
			Not Applicable

Suite, Apt #, etc. **22**	Suite, Apt #, etc. **27**	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

City & State **23**	City & State **28**	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

Zip **24**	Country **25**	Zip **29**	Country **30**	**8.** This 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
ORTIZ, FRANK R. 1800 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952	**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, 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 **PTD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **ORTIZ, FRANK R.**		1.2 NAME	
STREET ADDRESS **1800 E. MERRITT ISLAND**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MERRITT ISLAND FL**		1.4 CITY-ST-ZIP	
TITLE **VSD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **ORTIZ, TERESITA**		2.2 NAME	
STREET ADDRESS **1800 E. MERRITT ISLAND**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MERRITT ISLAND FL**		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 (9/96)

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: _Frank Ortiz_   1/24/97   407-452-1084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #