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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90100 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92930

1. Corporation Name

FEDERAL TRUST CORPORATION

Principal Place of Business

1211 ORANGE AVE.
~~STATE~~
WINTER PARK FL 32789
US

Mailing Address

1211 ORANGE AVE.
~~STATE~~
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1988

4. FEI Number

59-2935028

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.
None

Suite, Apt. #, etc.
None

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, AUBREY H J
1211 ORANGE AVE
~~STATE~~
WINTER PARK FL 32789

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 ☐ DELETE
NAME **PCD**
STREET ADDRESS **SUSKIEWICH, JAMES V.**
CITY-ST-ZIP **908 RIDGE SPRING COURT**
APOPKA FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **S**
1.3 STREET ADDRESS **MacTavish, Lori**
1.4 CITY-ST-ZIP **1936 E. Woodcrest Drive**
Winter Park, FL

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **WRIGHT, AUBREY H. JR.**
CITY-ST-ZIP **1176 VALLEY CREEK RUN**
WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **FORD, CLAIR I.**
CITY-ST-ZIP **1040 VERNON LOOP**
OVIEDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CERTO, SAMUEL C**
CITY-ST-ZIP **545 BIRDSONG COURT**
LONGWOOD FL 32779

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HILL, KENNETH W**
CITY-ST-ZIP **1417 CHICHESTER STREET**
ORLANDO FL 32803

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FOSTER, GEORGE W**
CITY-ST-ZIP **1316 NOBLE STREET W**
LONGWOOD FL 32750

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Aubrey H. Wright, SR. V.P. & CFO. 1/12/99

Date

Daytime Phone #

CR2E034 (11/98)