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

APPROVED AND FILED

95 APR 21 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085084 (9)**

1. Corporation Name
F.C.T. INC.

Principal Place of Business	Mailing Address
1645 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH FL 33401	1645 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 501 FIRST AVENUE NORTH	26 P.O. BOX 47335	59-3282261	Applied For / Not Applicable
Suite, Apt. #, etc. 22 SUITE 600	Suite, Apt. #, etc. 27	5. [illegible]	$8.75 Additional
City & State 23 ST. PETERSBURG, FLORIDA	City & State 28 ST. PETERSBURG, FLORIDA	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
Zip / Country 24 33701 / 25 U.S.A.	Zip / Country 29 33743-7335 / 30 U.S.A.	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes ☐ No ☒	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAPIRO, ROBERT L 1645 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH FL 33401	81 Name: HURWITZ, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable): 83 APT. 401 1653 67th LANE NORTH 84 City: ST. PETERSBURG FL 85 Zip Code: 33710

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: Michael J. Hurwitz, PRESIDENT (MICHAEL J. HURWITZ) APRIL 17, 1995
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	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	CARMICHAEL, HEATHER	12 NAME	HURWITZ, MICHAEL J.	
STREET ADDRESS	152 DAVENPORT RD., SUITE 200	13 STREET ADDRESS	APT 401 1653 67th LANE N.,	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA	14 CITY-ST-ZIP	ST. PETERSBURG, FLORIDA, 33710	
TITLE		21 TITLE	S/D	☐ Change ☒ Addition
NAME		22 NAME	HURWITZ, A. RICHARD	
STREET ADDRESS		23 STREET ADDRESS	9222 S.W. 78th PLACE,	
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FLORIDA, 33156	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	ZALEV, DR. ARTHUR	
STREET ADDRESS		33 STREET ADDRESS	46 MOSSGROVE TRAIL,	
CITY-ST-ZIP		34 CITY-ST-ZIP	WILLOWDALE, ONTARIO, CANADA, M2L 2W3	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	LIPTON, HAROLD	
STREET ADDRESS		43 STREET ADDRESS	APT. 2502 55 SKYMARK DR.,	
CITY-ST-ZIP		44 CITY-ST-ZIP	NORTH YORK, ONTARIO, CANADA, M2H 2N4	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Michael J. Hurwitz, PRESIDENT (MICHAEL J. HURWITZ) APRIL 17, 1995 (813) 381-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042960 CP