

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0409400

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000085084**

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



Principal Place of Business  
**501 FIRST AVENUE NORTH  
600  
ST. PETERSBURG FL 33701  
US**

Mailing Address  
**1653 67TH LANE N  
APT 401  
ST. PETERSBURG FL 33710  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/22/1994**

4. FEI Number  
**59-3282261**

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  
**21 1653 67th LANE N**

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **401**

27

23 City & State

28 City & State

**St. Petersburg**

29

24 Zip

25 Country

**33710 FL**

29

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HURWITZ, MICHAEL J  
APT 401 1653 67TH LANE NORTH  
SUITE 600  
PETERSBURG FL 33710**

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **PD**  
NAME **HURWITZ, MICHAEL J**  
STREET ADDRESS **APT 401 1653 67TH LANE N**  
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D**  
NAME **AZLEV, DR ARTHUR**  
STREET ADDRESS **46 MOSSEGOVE TRAIL**  
CITY-ST-ZIP **WILLOWDALE ON**

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

TITLE **D**  
NAME **LIPTON, HAROLD**  
STREET ADDRESS **AT. 2502, 55 SKYMARK DRIVE**  
CITY-ST-ZIP **NORTH YORK ON**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

**Michael J. Hurwitz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-99 727-345-9117**

Date

Daytime Phone #

CR2E034 (11/98)