

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:42

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P94000091520 (4)

1. Corporation Name  
**F & T IMPORTS, INC.**

Principal Place of Business  
**2701 CAMBRIDGE ROAD  
 LANTANA FL 33462**

Mailing Address  
**P.O. BOX 3255  
 LANTANA FL 33465**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/16/1994**

3a. Date of Last Report

2. Principal Place of Business  
 21 **2340 KIDWIN LANE**

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 **LAKE WORTH FL**

28 City & State

24 **33461**

25 Country

29 Zip

30 Country

4. FBI Number

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 a. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**FOGEL, MICHAEL N  
 2701 CAMBRIDGE ROAD  
 LANTANA FL 33462**

10. Name and Address of New Registered Agent

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 **PRES**  
 NAME **MICHAEL N. FOGEL**  
 STREET ADDRESS **2340 KIDWIN LANE**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE **Vice Pres**  
 NAME **RALPH D. TUBBS**  
 STREET ADDRESS **1625 E 27 WAY**  
 CITY-ST-ZIP **BOYNTON BEACH FLA. 33435**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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 110.07(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 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 N. Fogel **Michael N. Fogel** 6/12/95 **(407) 523-5269**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

CR2E034 (3/95)