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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90050 025 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067914

Principal Place of Business

FIRST TRUST FINANCIAL SERVICES, INC.

8889 PELICAN 402 NAPLES FL 339 US		8889 PELICAN BAY BLVD STE #402 NAPLES FL 34108 US			•	3. Date Incorporated 09/01/1995	O NOT WRITE IN TI or Qualifed	, HIS SPACE	•
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	•	΄ Δ	pplied For:
21		26				65-0618631	• • • • • • • • • • • • • • • • • • • •		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<u> </u>			Additional
22		27				5. Certificate of Statu	s Desired 🔲		equired
City & Stat	le	City & State				6. Election Campaig	n Financing	\$5.00	May Be
23		28				Trust Fund Contri	- 11		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation of	wes the current year	Intangible	
24	25	29	30		ē	Personal Property	Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	· ·			10. Name and Addre	ss of New Register	ed Agent	
		以 以其 多。如此,		81	Name				
MAS	T, CHRISTOPHER E	H.S.C		82	Street Addre	ss (P.O. Box Number is	Not Acceptable)		
	12TH AVENUE SOUTH	: '390.*			0.0017.0010			ti katin maskadan.	112,1151/ **
SUIT	· - -			83				湖流, 国籍相	
NAP	LES FL 34102			84	City	1 1 2 2 1 1 1 1 1		. 85 Zip	Code"
				04	City	•	F		Code
office or r agent. I a	registered agent, or both, in the State or im familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of Section 607.0505, Flo	orida Statu	utes.	·	when reinstating)	nereby accept the ap	pointment as re	egisterea
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent	signature required v				
12.	OFFICERS AND	DIRECTORS	13.		signature required s		GES TO OFFICERS		
12. Ππ.ε	OFFICERS AND	** *			signature required s			AND DIRECTO	ORS IN 12
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STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

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 at trustee empowered to exclute 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.