

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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90107 049 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000069093

1. Corporation Name
F.T.I. PROPERTIES, INC.



Principal Place of Business: 2501 S.E. AVIATION WAY SUITE M STUART FL 34996
 Mailing Address: 2501 S.E. AVIATION WAY SUITE M STUART FL 34996

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 2555 SE DIXIE HWY Suite, Apt. #, etc. | 26 2555 SE DIXIE HWY Suite, Apt. #, etc. |
| 22 HANGAR 2 City & State | 27 HANGAR 2 City & State |
| 23 STUART FL Zip Country | 28 STUART FL Zip Country |
| 24 34996-4014 25 MARTIN | 29 34996-4014 30 MARTIN |

| | |
|---|---|
| 3. Date Incorporated or Qualified | Applied For |
| 09/07/1995 | Not Applicable |
| 4. FEI Number | |
| 65-0653428 | |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

KEITH A. LOWE, P.A.
 215 SOUTH FEDERAL HIGHWAY
 SUITE 200
 STUART FL 34994

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PSVP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LETOURNECU, RONALD | 1.2 NAME | |
| STREET ADDRESS | 6556 NORTH CHASEWOOD DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL 33458 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Ronald E. Letourneau RONALD E. LETOURNEAU 3-31-99 561-286-0600
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/1/98)