FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg. 1 of 2

FLORIDA PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000011875

1. Corporation Name
FTMP Onc

Principal Place of Business	Mailing Address
1417 SW Peninsula Lane Palm City, FL 34990	P.O. Box 1258 Palm City, FL 34991

3. Date Incorporated or Qualified: 2/7/96
3a. Date of Last Report:

	2. Principal Place of Business	2a. Mailing Address
21/26	1417 SW Peninsula Ln	P.O. Box 1258
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	City & State: Palm City, FL	City & State: Palm City, FL
24/29	Zip: 34990	Zip: 34991
25/30	Country: USA	Country: USA

4. FEI Number: 65-0646518 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Jennifer Nodelman
82 Street Address (P.O. Box Number is Not Acceptable): 1417 SW Peninsula Lane
83
84 City: Palm City FL 85 Zip Code: 34990

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: Jennifer Nodelman 6/12/97
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	Officer & director	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Jennifer Nodelman		1.2 NAME	400002245574--1
STREET ADDRESS	1417 SW Peninsula Lane		1.3 STREET ADDRESS	-07/23/97--01113--010
CITY-ST-ZIP	Palm City, FL 34990		1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

A. Alan 7/17/97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Jennifer Nodelman 6/12/97 (561) 223-9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg. 2092

7/14/97

To Whom it may concern:

This is the Third check I've written to your Department. One was returned to me w/ this application. I had assumed you had the first one stashed away neatly somewhere. If it so happens that both ~~get~~ checks get cashed, I will expect a quick refund.

Thank - You.

Jennifer Nadelman