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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068162 (2)

1. Corporation Name
F.T.L., INC.



Principal Place of Business
3350 NO HILLS DRIVE
HOLLYWOOD FL 33021

Mailing Address
3350 NO HILLS DRIVE
HOLLYWOOD FL 33021-2534

2. Principal Place of Business
21 3350 N. Hills Drive
Suite, Apt. #, etc.
22 City & State
23 Hollywood, Florida
Zip
24 33021
Country
25 U.S.A.
26 3350 N. Hills Drive
Suite, Apt. #, etc.
27 City & State
28 Hollywood, FL -
Zip
29 33021
Country
30 U.S.A.

3. Date Incorporated or Qualified
08/13/1996
3a. Date of Last Report
4. FEI Number
65-0689060
Applied For
Not Applicable
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

OBALLE, LOURDES C O
3350 NO HILLS DRIVE
HOLLYWOOD FL 33021

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: Lourdes C. Oballe / president 3/13/97
Date

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY- ST- ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY- ST- ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY- ST- ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY- ST- ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY- ST- ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY- ST- ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 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.

SIGNATURE: Lourdes C. Oballe / president 3/13/97 (954) 894-0605
Date

CR2E034 (9/96)