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PROFIT
CORPORATION
ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000006155 (0)

FILED Apr 27 1998 8:00am Secretary of State

FTA T	OWING, INC.					
Principal Pla	ce of Business	Mailing Address				BARIO ALIAN DIBAL MINDI DILI INDI
7425 NW 4 STREET 7425 NW 4 STREET						•
PLANTATION FL \$3317 PLANTATION FL 33317					DO NOT WRITE IN THE	10 0D405
					DO NOT WRITE IN THE	IS SPACE
					3. Date Incorporated or Qualified	
2 Principal I	Place of Business	2a. Mailing Address			01/22/1997 4. FEI Number	Applied For
21	, lace of Bosinosa	26 26			65-0719756	Not Applicable
Sulte, Apt	. #. etc.	Suite, Apt #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζψ	Cour	ntry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	d Agent
DI	IVETO, CHARLES M JR.			81 Name		
7425 NW 4 STREET			Ì	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
Pl	LANTATION FL 33317		ļ			
				83		
			ŀ	84 City		85 Zip Code
				, i	F	
11. Pursuant	t to the provisions of Sections 607.09	502 and 607.1508, Florida Statu	ites, the ab	ove-named corp	poration submits this statement for the purpose tion's board of directors, I hereby accept the a	of changing its registered
agent. I	am familiar with, and accept the obl	igations of, Section 607.0505, F	lorida Statu	utes.	non's board of directors, I hereby accept the a	ppolitiment as registered
SIGNATURE						
	Signature, typed or printed name of registered a			Agent signature requir		
12.	DEFICERS A	IND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	SERPICO, FRANK		1,1 7(7			Change Addition
NAME	MARA THURS STORES		1.2 NA		,	
STREET ADDRESS	HOLLYWOOD FL 33312			REET ADDRESS		
CITY-ST-ZIP TITLE	HOLLIWOOD PL 33312	DELETE	1.4 CH 2 1 TH	Y-ST-ZIP		Ĭ,
NAME			2 1 171			Change Addition
-			2.2 4/4			Change Addition
STREET ADDRESS			2.2 NA	ME		Change Addition
CHTY-ST-ZIP TITLE)		2.3 \$16	me Reet address		Change Addition
11166			2.3 \$1F 2.4 CI	ME REET ADDRESS TY-ST-ZIP		
NAME		DELETE	2.3 STF 2.4 CF 3.1 TH	ME REET ADDRESS TY-ST-ZIP LF		Change Addition Change Addition
NAME PTREET ARINDESS			2.3 STF 2.4 CI 3.1 TIT 3.2 NA	ME REET ADDRESS TY-S1-ZIP LE		
STREET ADDRESS			2.3 STF 2. 4 Cl ² 3.1 TH 3.2 NAI 3.3 STF	ME REET ADDRESS IY-S1-ZIP LE ME REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		DELETE	2.3 STF 2.4 CI 3.1 TH 3.2 NAI 3.3 STF 3.4 CI	ME REET ADDRESS TY-S1-ZIP LE ME REET ADDRESS TY-S1-ZIP		Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 6TREET ADDRESS CITY-ST-ZIP		DELETE	2.3 STF 2.4 CI 3.1 TIT 3.2 NAI 3.3 STF 3.4 CI 4.1 TIT 4.2 NAI 4.3 STF 5.1 TITI 5.2 NAI 5.3 STF	ME REET ADDRESS IY-S1-ZIP LE ME REET ADDRESS IY-S1-ZIP LE MME REET ADDRESS Y-S1-ZIP LE MME REET ADDRESS Y-S1-ZIP		Change Addition Change Addition
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14. Thereby 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

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X954-986-6770