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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099577 (3)

F T C SERVICES INC.

Principal Place of Business

Mailing Address

## FILED May 07 1998 8:00am Secretary of State



3138 LAKEVIEW DRIVE 3138 LAKEVIEW DRIVE **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/21/1997</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For S, W. H, H, Hork 26 1855 08*0*35 64 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Brach Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 X No 24 30 Personal Property Tax due June 30. Yes 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name **BULL, CHRISTOPHER** 3138 LAKEVIEW DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** 83 84 City 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 Horida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registerest agent and sile if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRASIDENT DIRRCTOR DELETE Addition 1.11111 Change TITLE **BULL, CHRISTOPHER L** 12 NAME 2E634 3138 LAKEVIEW DRIVE STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP 1.4 CITY - ST - ZIP VICK PRADIDANCE DELETE Change Addition TITLE 2.1 TITLE NAME SHARON BULL 2.2 NAME 3138 LAKRUIFW DRIJA STREET ADDRESS 2.3 STHEET ADDRESS 33445 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 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 DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TIFLE NAME 62 NAME 6.3 STREET ADDRESS 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. DIKKCION