

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90093 021 \*\*\*150.00

DOCUMENT # P98000009143

1. Corporation Name  
FTO, INC.

Principal Place of Business  
2952 FLORIDA BOULEVARD  
DELRAY BEACH FL 33483

Mailing Address  
2952 FLORIDA BOULEVARD  
DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

65-0808788

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FENNER, JOHN P  
2300 GLADES ROAD  
SUITE 203 EAST  
BOCA RATON FL 33431

81 Name

Daniel M DiCarlo III

82 Street Address (P.O. Box Number is Not Acceptable)

2952 Florida Blvd.

83

84 City

Delray Bch

FL

85 Zip Code

33483

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 *Daniel M DiCarlo III*  
Signature, typed or printed name of registered agent and title if applicable.

DANIEL M DICARLO III

3-6-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME FENNER, JOHN P  
STREET ADDRESS 2300 GLADES ROAD SUITE 203 EAST  
CITY-ST-ZIP BOCA RATON FL 33431

1.1 TITLE CHAIRMAN & CEO (C) ☐ Change ☒ Addition  
1.2 NAME DANIEL M DICARLO III  
1.3 STREET ADDRESS 2952 FLORIDA BLVD.  
1.4 CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE PRESIDENT (P) ☐ Change ☒ Addition  
2.2 NAME William Hamilton III  
2.3 STREET ADDRESS 2952 Florida Blvd.  
2.4 CITY-ST-ZIP Delray Bch, FL 33483

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Daniel M DiCarlo III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99

Date

561-279-4393

Daytime Phone #

CR2E034 (11/98)