


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90043 015 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000028022**

1. Corporation Name

FTEN, INC.

Principal Place of Business  
 4439 HARBOUR ISLAND DR.  
 JACKSONVILLE FL 32225

Mailing Address  
 4439 HARBOUR ISLAND DR.  
 JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

54-350466-7

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, MATTHEW  
 4439 HARBOUR ISLAND DR  
 JACKSONVILLE FL 32225

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:

*Matthew F. Walsh*  
 Signature, typed or printed name of registered agent, and title if applicable.

MATTHEW F. WALSH  
 (NOTE: Registered Agent signature required when reinstating)

4/19/99  
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME *President*  
 STREET ADDRESS *Matthew Walsh*  
 CITY-STATE-ZIP *4439 Harbour Island DR*  
*JAX, FL 32225*

TITLE ☐ DELETE

NAME *Secretary*  
 STREET ADDRESS *Matthew Walsh*  
 CITY-STATE-ZIP *Same*

TITLE ☐ DELETE

NAME *Treasurer*  
 STREET ADDRESS *Matthew Walsh*  
 CITY-STATE-ZIP *Same*

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: *Matthew F. Walsh* MATTHEW F. WALSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99  
 Date

901 642 4942  
 Daytime Phone #

CR2E034 (1/98)