

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90009 002 ***550.00

DOCUMENT # **P98000086888**

1. Corporation Name

FTTBD, INC.

Principal Place of Business
**627 46TH STREET
WEST PALM BEACH FL 33407**

Mailing Address
**627 46TH STREET
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #: etc.

26 Suite, Apt. #: etc.

65-0872264

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

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8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLAUSON, GARY R
627 46TH STREET
WEST PALM BEACH FL 33407**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SLAUSON, GARY R**
STREET ADDRESS **627 46TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

1.1 TITLE **D, P** ☒ Change ☐ Addition
1.2 NAME **SLAUSON, GARY R.**
1.3 STREET ADDRESS **624 46TH STREET**
1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **D, VP, S** ☐ Change ☒ Addition
2.2 NAME **ROBERT J. SAVARD**
2.3 STREET ADDRESS **2685 FLAMANGO COURT SOUTH**
2.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **D, VP, T** ☐ Change ☒ Addition
3.2 NAME **LYNNE D. ZENCZYK**
3.3 STREET ADDRESS **2006 BOYNTON BAY COURT**
3.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
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.

SIGNATURE: **ROBERT J. SAVARD**

9/9/99 561-471-8393

0077067

CR2E034 (5/99)