2000 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2000 8:00 am Secretary of State OCUMENT # **S21438** 04-28-2000 90083 050 ***150.00 FTC INDUSTRIES, INC. micipal Place of Business Mailing Address 851 S. DEERFIELD AVE. S. DEERFIELD AVE. AVUSJIUL DEERFIELD BEACH FL 33441-5373 BEACH FL 33441-2373 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0236324 Not Applicable Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POZZUOLI, EDWARD J. Street Address (P.O. Box Number is Not Acceptable) 110 SE 6TH ST REPUBLIC TOWER 15TH FLOOR FT. LAUDERDALE FL 33301 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS CR2E034 (9/99) ☐ Change Addition DPV ☐ Delete TITLE PETERSON, FRANCIS NAME STREET ADDRESS 851 S. DEERFIELD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE NAME PETERSON, FRANCIS NAME STREET ADDRESS STREET ADDRESS 851 S. DEERFIELD AVE. CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 truttee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all the repowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICES OR DIRECTOR SIGNATURE

4-18-00 954-427-876

Daytime Phone #