FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996			oretary of State OF CORPORATIONS			
DOCU 1. Corporation	JMENT # S	59944	(6)				
FTD I	NVESTMENTS, INC.						
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Principal Plac	e of Business		Mailing Address				
	I SWINTON AVE EACH FL 33444		102 NORTH SWINTO	ON AVE			
OLLIMI DE	-0011 1 E 00414		DELRAY BEACH FL	33444			
					 Date Incorporated or Qualified 06/14/1991 	3a. Date of Last Rep	
2. Principal P	Place of Business		a. Mailing Address I		4. FEI Number	04/25/1995	plied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.		65-0299017		t Applicable
22		27]		5. Certificate of Status Desired	\$8.75 A	
City & Stat	le	28	City & State		6. Election Campaign Financing	- \$5.00	-i
Zip	Country		L	Country	Trust Fund Contribution	Added to	o Fees
24	25	29		30]	This corporation has fiability for in Florida Statutes		99.032,
	9. Name and Address	of Current Regi	stered Agent	81 Name	10. Name and Address of New Re		
WEINER	R, MICHAEL S.						
102 NO	RTH SWINTON AVENU	E		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	· · · · · · · · · · · · · · · · · · ·
DELRAY	BEACH FL 33444			83			
				84 City		85 Zip C	
11. Pursuant t	to the provisions of Sections	s 607.0502 and 60	17 1508 Florida State	1		FL [8] Zip C	006
11. Pursuant to or register familiar with	to the provisions of Sections red agent, or both, in the St th, and accept the obligation	s 607.0502 and 60 ate of Florida. Suc ns of, Section 607	17.1508, Florida Statu h change was author .0505, Florida Statute	1	oration submits this statement for the purp eard of directors. I hereby accept the appoi	ose of changing its registered agreement as registered agreement.	stered office ent. I am
OIGHAL DAE				Ites, the above named corporation's bookings.	oration submits this statement for the purp and of directors. I hereby accept the appoi	pose of changing its registered ag	stered office ent. I am
OIGHAL DAE	Signature, typed or primed name of re	gistered agent and the it	appricable (N	ites, the above-named corporation's boz fixed by the corporation's boz is.	red when reinstating)	pose of changing its registered ag	stered office ent. I am
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certify that the information included on this bling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further cath, 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 altrichment with an address

SIGNATURE:

SENANCIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96 201-485-4800