

ORIGINAL 15 8106
\$ 100.00

1. Name of company or name of individual (not fictitious name or d/b/a): FTF, Inc. MC

2. Name under which applicant will do business (fictitious name, etc.):
~~FTF, Inc.~~

3. Official mailing address:
Street: 6923 Municipal Drive
P.O. Box: _____
City: Orlando
State: FL Zip: 32819

4. Florida address:
Street: 6923 Municipal Drive
P.O. Box: _____
City: Orlando
State: FL Zip: 32819

DEPOSIT DATE
D227 # JUN 28 2002

5. Structure of organization:
() Individual
() Corporation
() General Partnership
() Limited Partnership
() Other: _____

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH _____

If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: 998000000307

DOCUMENT NUMBER-DATE
06758 JUN 28 02
FPSC-COMMISSION CLERK