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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90014 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L47504

1. Corporation Name
FUTURE MARKETING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business MICHAEL J. ZIMMERMAN 13320 SW 128TH ST. FL 33186	Mailing Address C/O MICHAEL J. ZIMMERMAN 13320 SW 128TH ST. MIAMI FL 33186
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3. Date Incorporated or Qualified
01/30/1990

Principal Place of Business 6157 NW 167th STREET Suite, Apt. #, etc. SUITE F-19 City & State MIAMI, FLORIDA Zip 33015	26. Mailing Address 6157 N.W. 167th STREET Suite, Apt. #, etc. SUITE F-19 City & State MIAMI, FLORIDA Zip 33015
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4. FEI Number 59-2378774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ZIMMERMAN, MICHAEL J.
13320 SW 128TH ST.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME DVP PACKER, BARRY E. 1. ADDRESS 9600 NW 25TH ST. 2. ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
1. NAME DP MICHAELS, TOM 1. ADDRESS 9600 NW 25TH ST. 2. ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
1. NAME 1. ADDRESS 2. ST-ZIP 	<input type="checkbox"/> DELETE
1. NAME 1. ADDRESS 2. ST-ZIP 	<input type="checkbox"/> DELETE
1. NAME 1. ADDRESS 2. ST-ZIP 	<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Thomas Michaels

Thomas Michaels

1-6-99

305-828-6588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)