


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90001 038 \*\*\*\*61.25

0022713

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N96000003633**

1. Corporation Name  
**THE FUTURE FOUNDATION INC.**

Principal Place of Business <b>400 S FEDERAL HIGHWAY HALLANDALE FL 33009 US</b>	Mailing Address <b>400 S FEDERAL HIGHWAY HALLANDALE FL 33009 US</b>
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>07/08/1996</b>	4. FEI Number <b>65-0684443</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--	--	---	---	--

9. Name and Address of Current Registered Agent

**KANE, RICHARD ESQ.  
400 S FEDERAL HIGHWAY  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COHEN, HY</b>
STREET ADDRESS	<b>400 S. FEDERAL HWY</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROSS, DOROTHY</b>
STREET ADDRESS	<b>400 S FEDERAL HWY</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WASHINGTON, MARY</b>
STREET ADDRESS	<b>400 S FEDERAL HWY</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DEPP, JOHN</b>
STREET ADDRESS	<b>400 S FEDERAL HWY</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Linda Naughton</b>
1.3 STREET ADDRESS	<b>400 South Federal Highway</b>
1.4 CITY-ST-ZIP	<b>Hallandale FL 33009</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Katherine Harris* SIGNATURE REQUIRED: *Dorothy Ross* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)