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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P970000054311 1. Corporation Name: FUTURE GROUP USA INC			
Principal Place of Business 8304 Clairemont Mesa Blvd. Suite #207 San Diego, CA 92111		Mailing Address 8304 Clairemont Mesa Blvd. Suite #207 San Diego, CA 92111	
2. Principal Place of Business 21 ☒ 8304 Clairemont Mesa Blvd. Suite, Apt. #, etc. 207 City & State San Diego CA Zip 92111 Country USA		2a. Mailing Address 26 ☒ 8304 Clairemont Mesa Blvd. Suite, Apt. #, etc. 207 City & State San Diego CA Zip 92111 Country USA	
9. Name and Address of Current Registered Agent Donald L. Sarver 455 Douglas Ave. #2455 Altamonte Springs, FL 32714		10. Name and Address of New Registered Agent 81 Name PAUL F. SCHNEIDER, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. PINE ISLAND ROAD 83 SUITE 206 84 City PLANTATION FL 85 Zip Code 33324	
11. 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 PAUL F. SCHNEIDER DATE 3/5/98			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE NAME President STREET ADDRESS Beth Holiday CITY-ST-ZIP 8304 Clairemont Mesa Blvd. Suite 207 San Diego, CA 92111		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME Vice President STREET ADDRESS Donald Sarver CITY-ST-ZIP 8304 Clairemont Mesa Blvd Suite 207 San Diego, CA 92111		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Beth Holiday** President **03/08/98** **1(619)576-7114**

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