## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000054311

1. Corporation Name

FUTURE GROUP USA INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90073 035 \*\*\*150.00



	·····								(10) HJB8) HJ81 (10)
Principal Place		Mailing Address							
8304 CLAIREMONT MESA BLVD. SUITE 207 SUITE 207									
SUITE 207 SAN DIEGO CA 92111 SAN DIEGO CA 92111					DO NOT WRITE IN THIS S			S SPACE	
US US					Ī	3. Date incorporated or Qualifed		_	
						06/19/1997			
2. Principal Pl	lace of Business	2a. Mailing Address		- N		4. FEI Number			Applied For
27 67 60	o COMPLEX BLIVE	26 8766 6	mple	KU	115	<u>59-3452436</u>		<del></del>	Nct Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	•			5. Certificate of Status Desired			5 Additional Required
City & State	e 0: av	City & State		1.8		6. Election Campaign Financing	_	-	0 May Be
23 5	brego, com	28 SON 11841	1, C	<u> </u>		Trust Fund Contribution			ed to Fees
Zip	Country		Country C		}	8. This corporation owes the curr	ent year in		□N <sub>0</sub>
24 <u> </u>	103 25 USH		0 <b>US</b>	A		Personal Property Tax.		Yes	No
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New I	(egister ad	Agent	
SCH.	NEIDER, PAUL F CPA		*'	Ivaine					
200 S. PINE ISLAND ROAD					Addres	s (P.O. Box Number is Not Accept	able)	_	
SUITE 2006				ļ					
PLANTATION FL 33324			83						
_			84	City			F'L	<b>85</b>   Zi	ip Code
11 Pursuant	to the provisions of Sections 607.050.2	and 607.1508. Florida Statutes	the abov	<u>I</u> re∙named	corpora	ation subm ts this statement for the	purpose o	f changing	its registered
office or re	registered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut	horized by	the corp	oration'	s board of directors. I hereby acce	of the ap o	intment as	registered
SIGNATURE		400 T. P.	latered Ass	at signature	ran virad vi	hen reinstating	DATE		<del></del>
	Signature, typed or printed in time of registered agent of OFFICERS AND		13.	int signature	Teculied W	ADDITIONS/CHANGES TO OF		ND DIREC	TORS IN 12
TITLE	P	□ DELETE	1.1 TITLE	<del>&gt;</del>	Oid	ECHOIZ		Chang	
NAME	HOLIDAY, BETH		1.2 NAME	•	) 511			15	
STREET ADDRESS	8304 CLAIREMONT MESA BLVD	SUITE 207		T ADDRESS					
CITY-ST-ZIP	SAN DIEGO CA 92111	,	1.4 CITY-5		İ				
TITLE	VP	DELETE	2.1 TITLE		rsic	ECHOIZ		Chang	ge Addition
NAME	SARVER, DONALD		2.2 NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			~	
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NAME			3.2 NAME		1				
STREET ADDRESS			II.	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-						
TITLE		DELETE	4.1 TITLE		<u> </u>			☐ Chang	ge Addition
NAME		_	4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-1						
TITLE		☐ DELETE	5.1 TITLE		+-			☐ Chang	ge Addition
NAME		_	5.2 NAME						
STREET ADDRESS			1	TADDRESS					
1			5.4 CITY-5						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		<del> </del>			Chang	ge Addition
			6.2 NAME					•	
NAME STREET ADDOESS				T ADDRESS					
STREET ADDRESS			6.4 CITY-						

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 recuired 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: