

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 30 AM 10:10

1. Name of Limited Partnership

Future Card Limited

1a. DOCUMENT #

A98000000001

Mailing Address

401 Johnson Lane
Suite 103
Venice FL 34292

Principal Office Address

401 Johnson Lane
Suite 103
Venice, FL 34292

3. Date Formed or Registered

Formed 12/11/97
Registered 12/24/97

5a. Capital Contributions as
Shown on record

\$300,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital
Contributions in FLORIDA
to date.

\$279,716.45

4. State or Country of Formation

Florida

2. Mailing Address

401 Johnson Lane

2a. Principal Office Address

401 Johnson Lane

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Venice, FL

City & State

Venice, FL

Zip

34292

Country

USA

Zip

34292

Country

USA

6. FEI Number

65-0800702

☐ Applied For

☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

prepaid

9. Name and Address of Current Registered Agent

David W. Adams, Esq.
MacFarlane, Ferguson & McMullen
111 Madison Street
Tampa, FL 33601

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

The Future Card, Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

401 Johnson Lane
Suite 103

11b. City, State & Zip Code

Venice, FL 34292

11c. Registration/
Document Number

P95000021807

400002416814

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

The Future Card, Inc.

SIGNATURE By: *Robert I. Johnson*

DATE

1/23/98

Typed or Printed Name of General Partner Signing Form

Robert I. Johnson, President

Daytime Telephone Number

54941-488-1158

CR2E003 (6/97)