

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000004785 (0)

1. Corporation Name

AMERICAN FUTURES GROUP, INC.



Principal Place of Business

Mailing Address

90 WASHINGTON STREET  
NEW YORK NY 10006

90 WASHINGTON STREET  
NEW YORK NY 10006

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

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4. FEI Number

13-3230676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, KEVIN  
140 INTRACOSTAL POINTE DR.  
JUPITER FL 33477

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature (type, for printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME REEVES, THOMAS G  
STREET ADDRESS 225 EAST 73RD STREET  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE V  
NAME ROMANELLO, WILLIAM  
STREET ADDRESS 84-04 108 AVENUE  
CITY-ST-ZIP OZONE PARK NY

☒ DELETE

TITLE S  
NAME MACINTOSH, RICHARD S  
STREET ADDRESS 71 VALLEY VIEW AVE  
CITY-ST-ZIP SUMMIT NJ

☐ DELETE

TITLE T  
NAME DONAHUE, BRIAN  
STREET ADDRESS 91 TERRACE AVE.  
CITY-ST-ZIP FLORAL PARK NY

☒ DELETE

TITLE CD  
NAME PERK JR, GEORGE J  
STREET ADDRESS 137 STONEFENCE ROAD  
CITY-ST-ZIP BERNARDSVILLE NJ

☐ DELETE

TITLE D  
NAME PERK, DONNA  
STREET ADDRESS 137 STONEFENCE ROAD  
CITY-ST-ZIP BERNARDSVILLE NJ

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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 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.

SIGNATURE:

*Richard S. Macintosh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD S. MACINTOSH

June 6, 1996 212-425-0202  
CS 713196

CR2E034 (3/96)