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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** F96000006772 1. Corporation Name

## FUTURISTIC VACATIONS, INC.

**FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90282 034 \*\*\*150.00

•	*		111 I 7 12 - 34	i i i i	
			 		_

Principal Place	o of Rusiness	Mailing Address			452471 -	90282 - 34	ļ		
'		_ =	TTP						
	ROWARD BLVD	110 E BROWARD B	FAD						
SUITE 11		SUITE 1101			DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
	ERDALE FL 33301	FT LAUDERDALE F	L 333	301	3. Date Incorporated or Qualified	3. Date Incorporated or Qualified			
US		US				12/24/199	16		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26			65-0696127		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired [	_ <b>\$8</b> .7	5 Additional		
22		27			J. Certificate of Cicios Desired	Fe	e Required		
City & State	e	City & State			6. Election Campaign Financing	<b>□</b> \$5.	<b>00</b> May Be		
23		28			Trust Fund Contribution	Ado	led to Fees		
Zip	Country	Zip	Country	•	8. This corporation owes the current	year Intangible			
24	[25]	29 30	<u> </u>		Personal Property Tax.	Yes	ØNo		
	9. Name and Address of Current I	Registered Agent		1	10. Name and Address of New Reg	istered Agent			
SMT	TH, DENNIS D		81	Name					
	IPP, SCOTT, CONKLIN &	<b>СМТТН</b>	82	Street A	Address (P.O. Box Number is Not Acceptable				
		Drilli   62   Street Addr			Tadiosa (F.O. DOX MUITIDE) IS 1401 Acceptable	,			
	SE 6TH STREET		83						
FI	LAUDERDALE FL 33301			ļ					
			84	City		FL  85   2	Zip Code		
11 Pursuant t	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	a-named c	corporation submits this statement for the pur		ite registered		
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligatio	Florida. Such change was author	orized by	the corpo	ration's board of directors. I hereby accept the	e appointment a	s registered		
SIGNATURE									
·	Signature, typed or printed name of registered agent a			t signature re		DATE			
12.	PD OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE				
TITLE	TRAINA, JOSEPH	☐ DELETE	1.1 TITLE		TRAINA, JOSEPH	🔀 Char	nge		
NAME			1.2 NAME						
STREET ADDRESS	45 WOODVALLEY LANE		1.3 STREET		110 EAST BROWARD BLVD				
CITY-ST-ZIP	FLOWERHILL NY 11050		1.4 CITY-S	(- <i>LI</i> F )	FT LAUDERDALE FL 33301				
TITLE	С	DELETE	2.1 TITLE		C/D/CEO	🔀 Char	ige Addition		
NAME	EGAN, MICHAEL		2.2 NAME	ŀ	EGAN, MICHAEL				
STREET ADDRESS	1575 PONCE DE LEON		2.3 STREET	ADDRESS	333 EAST LAS OLAS BLVD				
CITY-ST-ZIP	FT LAUDERDALE FL 33	316	2. 4 CITY-S		FT LAUDERDALE FL 33301				
TITLE	_ <b>D</b>	☐ DELETE	3.1 TITLE		D ·	<b>⊠</b> Char	nge Addition		
NAME	EGAN, JACQUELINE		3.2 NAME	1	EGAN, JACQUELINE	E-3 +1/41	J		
STREET ADDRESS	1575 PONCE DE LEON				333 EAST LAS OLAS BLVD				
	FT LAUDERDALE FL 33:	216	3.3 STREET		FT LAUDERDALE FL 33301				
CITY-ST-ZIP		DÉLÉTE	3.4. CITY-S	T-ZIP					
TITLE	VPST	☐ DELETE	4.1 TITLE	İ	S/T/D	🔀 Char	ige Addition		
NAME	ARTHUR, ROSALIE		4. 2 NAME		ARTHUR, ROSALIE				
STREET ADDRESS	4609 NE 23RD AVE	Į.	4.3 STREET		333 EAST LASTOLAS BLVD				
CITY-ST-ZIP	FT LAUDERDALE FL 33		4.4 CITY-ST	r-ZIP	FT LAUDERDALE FL 33301				
TITLE		☐ DELETE	5.1 TITLE	-		☐ Chan	ge Addition		
NAME	,	٠.	5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS		•			
CITY-ST-ZIP		ь э	5.4 CITY-S1	r-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Chan	ge Addition		
NAME		,	6.2 NAME		·		. <u> —</u>		
STREET ADDRESS			6.3 STREET	ADORESS					
		ł		1		•			
CITY-ST-ZIP	•		6.4 CITY-ST						

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, with all other like empowered.

SIGNATURE:

Rosalie V. Arthur

954-769-5944

Date