

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K15152** (7)

1. Corporation Name

FLORIDA FUTURE, INC.



Principal Place of Business

% DENNIS J. KERN
15 CROSSROADS SHOPPING CENTER SUITE 124
SARASOTA FL 34239

Mailing Address

% DENNIS J. KERN
15 CROSSROADS SHOPPING CENTER SUITE 124
SARASOTA FL 34239

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KERN, DENNIS J.
15 CROSSROADS SHOPPING CENTER
SUITE 124
SARASOTA FL 34239

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 607.0902 and 607.1502, 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 obligation of, Section 607.0701, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all corporations)

Signature of Registered Agent (Required for all corporations)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KERN, DENNIS J.**
STREET ADDRESS **15 CROSSROADS SHOPPING CENTER, SUITE 124**
CITY-STATE-ZIP **SARASOTA FL**

1. TITLE ☒ Change ☐ Addition

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

SARASOTA, FLORIDA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

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 registered agent or trustee, as provided in Section 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS J. KERN

4/8/96

Division of Corporations

CR2E034 (12/95)