

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:09

DOCUMENT # **K30918** (2)

1. Corporation Name  
**FUTURE GENERATIONS, INC.**

Principal Place of Business Mailing Address  
**12935 N.E. 7TH AVE** **12935 N.E. 7TH AVE**  
**N. MIAMI FL 33161** **N. MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/12/1988** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **11098 BISCAYNE BLVD** 2b **P.O. BOX 61-1207**

4. FEI Number **65-0078256** Applied For Not Applicable

22 **SUITE 302** 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$0.75** Additional Fee Required

23 **MIAMI, FL** 28 **N. MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 **33161** 25 **USA** 29 **33261-1207** 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GEARTNER, CLARK**  
**12905 NE 7TH AVENUE**  
**P.O. BOX 61-9002**  
**NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **11098 BISCAYNE BLVD**  
83 **SUITE 302**  
84 City **MIAMI** FL 85 Zip Code **33161**

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 agent 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>ST</b>
NAME	<b>ZAWADZKI, PAUL</b>
STREET ADDRESS	<b>3600 N.E. 24TH AVENUE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>P</b>
NAME	<b>GEARTNER, CLARK</b>
STREET ADDRESS	<b>11525 N.E. 22 DRIVE</b>
CITY - ST - ZIP	<b>N. MIAMI FL</b>
TITLE	<b>VP</b>
NAME	<b>KAPLAN, STUART</b>
STREET ADDRESS	<b>7441 S.W. 130 AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>4353 S.W. 181 TERRACE</b>
3.4 CITY - ST - ZIP	<b>MIAMI, FL 33029</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 filing 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or in an attachment with an addendum.

SIGNATURE: \_\_\_\_\_ **1/16/95** **305-891-6383**  
DATE (Month/Day/Year) TELEPHONE NUMBER