

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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90014 012 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L47504**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>MICHAEL J. ZIMMERMAN</b> <b>13320 SW 128TH ST.</b> <b>FL 33186</b>	Mailing Address <b>C/O MICHAEL J. ZIMMERMAN</b> <b>13320 SW 128TH ST.</b> <b>MIAMI FL 33186</b>
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3. Date Incorporated or Qualified  
**01/30/1990**

Principal Place of Business <b>6157 NW 167th STREET</b> Suite, Apt. #, etc. <b>SUITE F-19</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33015</b>	26. Mailing Address <b>6157 N.W. 167th STREET</b> Suite, Apt. #, etc. <b>SUITE F-19</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33015</b>
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4. FEI Number <b>59-2378774</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ZIMMERMAN, MICHAEL J.**  
**13320 SW 128TH ST.**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. NAME <b>DVP</b> <b>PACKER, BARRY E.</b> 1. ADDRESS <b>9600 NW 25TH ST.</b> 2. ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE
1. NAME <b>DP</b> <b>MICHAELS, TOM</b> 1. ADDRESS <b>9600 NW 25TH ST.</b> 2. ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE
1. NAME  1. ADDRESS  2. ST-ZIP  	<input type="checkbox"/> DELETE
1. NAME  1. ADDRESS  2. ST-ZIP  	<input type="checkbox"/> DELETE
1. NAME  1. ADDRESS  2. ST-ZIP  	<input type="checkbox"/> DELETE

1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Thomas Michaels*

**Thomas Michaels**

**1-6-99**

**305-828-6588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)