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

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L63915 FUTURE DEVICES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 11065 P O BOX 11065 SARASOTA FL 34278 SARASOTA FL 34278 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3012104 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Z Yes 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BERTRAND, ROBERT J. 202 E. WALNUT ST. Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33800** 83 City Zip Code 85 ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered utes. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authoriz
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States. SIGNATURE Signature, typed or printed rianse of registered agent and jitle if applicable 1 Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 TITLE DELETE 1.1 TITLE Change Addition NUTTER, RALPH E. NAME 1.2 NAME P. O. BOX 11065 N/A 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **NUTTER, SONJA, FAYE** NAME 2.2 NAME P. O. BOX 11065 N/A STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP DELETE ☐ Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition

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. SIGNATURE: ROLDH E. NUTTE

6.2 NAME **6.3 STREET ADORESS**

6.4 CITY-ST-ZIP