PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT#** L63915

FUTURE DEVICES, INC.

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90006 030 ***150.00

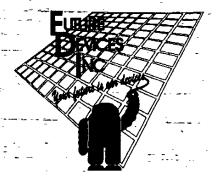


					<u> </u>					
Principal Place		Mailing Address					,			
P O BOX 11065 SARASOTA FL 34278		POST OFFICE BOX 11065 SARASOTA FL 34278								
US		US			DO NOT WRITE IN THIS SPACE					
					3. Date Ir	ncorporated or Qualified				
					04/0	5/1990				
2. Principal Pl	lace of Business	2a. Mailing Address	 		4. FEI Nu			A	pplied For	
21	nuc as	26	an	ne 99	<u>59-</u> 3	012104			ot Applicabl	e
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	. 1	- - -	5. Certific	cate_of_Status_Desired_			Additional	=
22	DOVE		680	VE					equired	
City & State	9	City & State				n Campaign Financing Fund Contribution	П	-	May Be to Fees	
Zip	Country	Zip Zip	Cou	intry		orporation owes the curre	ant was	Added	IO FEES	\dashv
24	25	29	30	,		ble Personal Property.	ent year	Yes Z] No	
24	9. Name and Address of Curren			,		and Address of New R	egistered A			\dashv
				81 Name						
	RTRAND, ROBERT J.			82 Street Addre	ss (P.O. Boy	Number is Not Accepta	hle)			\dashv
	E. WALNUT ST.			Street Addre	:55 (10. 00)	Number is Not Accepte	Sile)			-
LAK	ELAND FL 33800			83						
				84 City		<u> </u>		85 Zip	Code	
							<u> FL</u>	05 2.5		╛
office or r	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	authorize	d by the corporation	ation submits n's board of	this statement for the pudirectors. I hereby accep	rpose of cha t the appoin	anging its natural interest in the second in	egistered egistered	
SIGNATURE										
										1 ~
	Signature, typed or printed name of registered agen			ered Agent signature requir			DATE	DIRECTO	DRS IN 12	⊣ ജ
12.	OFFICERS AN	D DIRECTORS	13.			ng) ONS/CHANGES TO OFF				[(5/99
12.	OFFICERS AN			TLE				D DIRECTO	ORS IN 12	34 (5/99
12. TITLE NAME	OFFICERS AN DPT NUTTER, RALPH E.	D DIRECTORS	13. 1.1 TI 1.2 N/	TLE AME						E034 (5/99
12. TITLE NAME STREET ADDRESS	OFFICERS AN	D DIRECTORS	1.1 TI 1.2 N/ 1.3 ST	TLE						= R2E034 (5/99
12. TITLE NAME	OFFICERS AN DPT NUTTER, RALPH E. P. O. BOX 11065 N/A	D DIRECTORS	1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET ADDRESS TY-ST-ZIP						
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL	D DIRECTORS DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI	TLE AME (REET ADDRESS ITY-ST-ZIP TLE				Change	Additio	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S	D DIRECTORS DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA	TLE AME (REET ADDRESS ITY-ST-ZIP TLE				Change	Additio	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE	D DIRECTORS DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME				Change	Additio	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADORESS ITY-ST-ZIP				Change	Additio	n T
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADORESS ITY-ST-ZIP TLE AME AME AME AME AME AME				Change Change	Additio	n T
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADORESS ITY-ST-ZIP TLE TLE TREET ADORESS				Change Change	Additio	n T
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADORESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP				Change Change	Additio	n T
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/ 3.3 ST 3.4 CI 4.1 TI	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE				Change Change	Additio	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/ 3.3 ST 3.4 CI 4.1 TI 4.2 N/	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME				Change Change	Addition Addition	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/ 3.3 ST 3.4 CI 4.1 TI 4.2 N/ 4.3 ST	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADORESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS				Change Change	Addition Addition	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/ 3.3 ST 3.4 CI 4.1 TI 4.2 N/ 4.3 ST 4.4 CI	TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP			[Change Change Change	Addition Addition Addition	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CC 5.1 TI	TLE AME (REET ADDRESS TY-ST-ZIP TLE AME REET ADORESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE			[Change Change	Addition Addition	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADORESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME			[Change Change Change	Addition Addition Addition	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADORESS TY-ST-ZIP TLE AME TREET ADDRESS			[Change Change Change	Addition Addition Addition	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADORESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP			[Change Change Change Change	Addition Addition Addition Addition	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADORESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL			[Change Change Change	Addition Addition Addition	n
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT NUTTER, RALPH E. P. O. BOX 11065 N/A SARASOTA FL S NUTTER, SONJA, FAYE P. O. BOX 11065 N/A SARASOTA FL	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 SI 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI 6.1 TI 6.2 NA	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADORESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL			[Change Change Change Change	Addition Addition Addition Addition	n

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:

Daytime Phone #



163915 581802-90006-30

July 8, 1999

Annual Reports Filings
P.O. Box 1500
Tallahassee, F1. 32302-1500

To whom it may concern, = -

__I_received this second notice of failure to file our Corporation annual report on time, the reason for this is we did not get the first-notice in the mail.

Your records will show that we never failed to file on the first notice, therefore I respectfully request a favorable review of this matter.

Upon calling your office July 6, 1999 I was instructed to enclose this letter along with the \$150.-original fee for your consideration.

Respectfully Yours,

Ralph E. Nutter, President