FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:06

DOCUMENT # N21501 (4)

1. Corporation Name
FUTURES, INC.

Principal Place of Business	Mailing Address
C/O THEODORE R. DORAN 444 SEABREEZE BLVD., SUITE ~~820~~ DAYTONA BEACH FL 32118-3953	C/O THEODORE R. DORAN 444 SEABREEZE BLVD., SUITE ~~820~~ DAYTONA BEACH FL 32118-3953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
Suite, Apt. #, etc. 22 Suite 800	Suite, Apt. #, etc. 27 444 Seabreeze BLVD. Suite 800
City & State 23 Same	City & State 28 Same
Zip 24 32118-3953 Country 25	Zip 29 32118-3953 Country 30 USA

9. Name and Address of Current Registered Agent

DORAN, THEODORE R.
444 SEABREEZE BLVD.
SUITE 820
DAYTONA BEACH FL 32115

10. Name and Address of New Registered Agent

81 Name THEODORE R. DORAN
82 Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD
83 Suite 800
84 City DAYTONA BEACH FL 85 Zip Code 32118

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1505, 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 _____ 3-15-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☑ Change ☐ Addition
NAME	DORAN, THEODORE R.	1.2 NAME		
STREET ADDRESS	444 SEABREEZE BLVD. ~~#820~~ 800	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Suite 800	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	~~MCFALL, ANN~~ JUDY CONTE	2.2 NAME	JUDY CONTE	
STREET ADDRESS	200 N CLARA AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KOWAL, JOAN	3.2 NAME		
STREET ADDRESS	200 N CLARA AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-15-95 (904) 253-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

0023506