

**.FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N21501**

**(4)**

1. Corporation Name

**FUTURES, INC.**



Principal Place of Business

Mailing Address

C/O THEODORE R. DORAN  
444 SEABREEZE BLVD STE 800  
DAYTONA BEACH FL 32118-3953  
US

C/O THEODORE R. DORAN  
444 SEABREEZE BLVD STE 800  
DAYTONA BEACH FL 32118-3953  
US

3. Date Incorporated or Qualified  
**07/08/1987**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**P.O. BOX 1231**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

**DAYTONA BCH, FL**

Zip

Country

Zip

Country

24

25

29

30

**32115 U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORAN, THEODORE R.  
444 SEABREEZE BLVD.  
STE 800  
DAYTONA BEACH FL 32118**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office & 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DORAN, THEODORE R.**  
STREET ADDRESS **444 SEABREEZE BLVD STE 800**  
CITY - ST - ZIP **DAYTONA BEACH FL**

TITLE ☒ DELETE  
NAME **CONTE, JUDY**  
STREET ADDRESS **200 N. CLARA AVENUE**  
CITY - ST - ZIP **DELAND FL**

TITLE ☒ DELETE  
NAME **KOWAL, JOAN**  
STREET ADDRESS **200 N. CLARA AVE**  
CITY - ST - ZIP **DELAND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/96** **904** **253-1111**

CR2E037 (12/95)