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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 PM 4: 53

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003172					
1. Corporation Name AMERICA'S FUTURE, INC.					
Principal Place of Business 3963 S. CONFEDERATE POINT RD SUITE 133 JACKSONVILLE FL 32210 US			Mailing Address 3963 S. CONFEDERATE POINT RD SUITE 133 JACKSONVILLE FL 32210 US		



2. Principal Place of Business 21 198 Arora blvd Suite, Apt. #, etc. 22 Apt 1401 City & State 23 Orange Park FL Zip 24 32073 Country 25 DUVAL		2a. Mailing Address 26 198 Arora blvd Suite, Apt. #, etc. 27 Apt 1401 City & State 28 Orange Park FL Zip 29 32073 Country 30 DUVAL		3. Date Incorporated or Qualified 06/23/1994	
4. FEI Number 59-3337775		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent HUBBS, WILLIAM D 4104 LENOX AV. SUITE 04 JACKSONVILLE FL 32205 Stephen Boykins 198 Arora blvd Apt 1401 Orange Park FL 32073				81 Name Stephen Boykins 82 Street Address (P.O. Box Number is Not Acceptable) 198 Arora blvd Apt 1401 83 84 City Orange Park FL 85 Zip Code 32073	

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 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 617.0503, Florida Statutes.

SIGNATURE Stephen Boykins 10/12/99
Signature, typed or printed 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKINS, STEPHEN C	1.2 NAME	D Stephen Boykins
STREET ADDRESS	454 CRABAPPLE CT STE 1-A	1.3 STREET ADDRESS	198 Arora blvd Apt 1401
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	Orange Park FLA 32073
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, JERRY L	2.2 NAME	D. Laura Boykins
STREET ADDRESS	11724 TYNDEL CREEK DR	2.3 STREET ADDRESS	198 Arora blvd Apt 1401
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	Orange Park FLA 32073
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBS, WILLIAM D	3.2 NAME	T. Constance Prince
STREET ADDRESS	2204 HIDDEN WATERS DR. WEST	3.3 STREET ADDRESS	4550 Ramona blvd
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	3.4 CITY-ST-ZIP	Jax, FLA 32205
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	800003020148--9
STREET ADDRESS		4.3 STREET ADDRESS	-10/21/99--01009--004
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Stephen Boykins REQUIRED Sept 22, 1999
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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