

FILE NOW: FILING FEE IS \$61.25

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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003480 (8)**

1. Corporation Name

FUTURE EDUCATIONAL SYSTEMS, INC.

Principal Place of Business 12475 SW 58TH ST FORT LAUDERDALE FL 33330	Mailing Address 12475 SW 58TH ST FORT LAUDERDALE FL 33330-3201
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report
Suite Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0681696	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAMUELSON, WALTER T 12475 SW 58TH ST FORT LAUDERDALE FL 33330				10. Name and Address of New Registered Agent	
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 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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMUELSON, WALTER T			1.2 NAME			
STREET ADDRESS	12475 SW 58TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33330			1.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, MIKE V			2.2 NAME			
STREET ADDRESS	7504 SW 5TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	NO LAUDERDALE FL 33068			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUANN M. SAMUELSON			3.2 NAME			
STREET ADDRESS	12475 S.W. 58TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33330			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

Walter T Samuelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/97
Date

84-680-6040
Daytime Phone # 0037555

CR2E037 (9/96)