

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32578 (7)

1. Corporation Name
ORION FUTURES, INC.

Principal Place of Business
**309 EAST OSCEOLA ST., SUITE 207
STUART FL 34994**

Mailing Address
**309 EAST OSCEOLA ST., SUITE 207
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1991** 3a. Date of Last Report **01/26/1994**

2. Principal Place of Business 2a. Mailing Address

21 State, Apt. #, etc. 2b. State, Apt. #, etc.

22 City & State 2c. City & State

23 Zip 2d. Zip

24 Telephone 25. Telephone

26 Fax 27. Fax

28 Country 29. Country

4. FCI Number **22-2225580** 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**

8. This corporation has adopted the corporate law (chapter 1302) Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMO, J. ALLEN
309 EAST OSCEOLA ST
SUITE 207
STUART FL 34994**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or the Corporation)

(Signature of Registered Agent or the Corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME **P BAER, ARTHUR B.
58 HARBOUR CLOSE
NEW HAVEN CT**

13.1 TITLE **PRESIDENT** Change Addition
13.2 NAME **DUNN, WILLIAM A.
21 PALMETTO DR.
STUART, FL 34996**

12.2 NAME **V COMO, J. ALLEN
2382 NW BAY COLONY CT
STUART FL**

13.3 TITLE Change Addition
13.4 NAME
13.5 STREET ADDRESS
13.6 CITY, ST. ZIP

12.3 NAME
12.4 STREET ADDRESS
12.5 CITY, ST. ZIP

13.7 TITLE Change Addition
13.8 NAME
13.9 STREET ADDRESS
13.10 CITY, ST. ZIP

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY, ST. ZIP

13.11 TITLE Change Addition
13.12 NAME
13.13 STREET ADDRESS
13.14 CITY, ST. ZIP

12.5 NAME
12.6 STREET ADDRESS
12.7 CITY, ST. ZIP

13.15 TITLE Change Addition
13.16 NAME
13.17 STREET ADDRESS
13.18 CITY, ST. ZIP

12.6 NAME
12.7 STREET ADDRESS
12.8 CITY, ST. ZIP

14. I hereby certify that the information supplied with this filing is voluntary furnished and is true and correct for the purposes stated in law (see 1302.1505, Florida Statutes). I further certify that the information submitted on this annual report or supplemental annual report is true and correct and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or 14 of this report or on an attached sheet with an address.

SIGNATURE: *J. Allen Como*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95 (407) 288-0332
Date

CR2E034 (3/95)