

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000036009 (7)

1. Corporation Name

MASADA FUTURES CORPORATION



Principal Place of Business

3825 LOMBARDY
HOLLYWOOD FL 33021

Mailing Address

1521 ALTON RD.
APT 291
MIAMI BEACH FL 33139
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/18/1993

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0574086

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 liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EDWARDS, WILLIAM J
3825 LOMBARDY
HOLLYWOOD FL 33021

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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature required for principal and registered agent. If not applicable, check box.

Signature required for new registered agent. If not applicable, check box.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P EDWARDS, WILLIAM J
STREET ADDRESS 3825 LOMBARDY
CITY-STATE-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY-STATE-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)(a), 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 607, 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

WM J EDWARDS 4-21-96 305-460-5890

CR2E034 (12/95)