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Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000065316 (0)**

1. Corporation Name  
**FUTURETEL, INC.**

Principal Place of Business  
**1092 E. ARQUES AVENUE  
SUNNYVALE CA 94086**

Mailing Address  
**1092 E. ARQUES AVENUE  
SUNNYVALE CA 94086-4601**



2. Principal Place of Business	2a. Mailing Address
21 <b>1092 E. ARQUES AVE.</b>	26 <b>1092 E. ARQUES AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>SUNNYVALE, CA.</b>	28 <b>SUNNYVALE, CA.</b>
Zip	Zip
24 <b>94086</b>	29 <b>94086</b>
Country	Country
25 <b>U.S.A.</b>	30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>09/20/1993</b>	3a. Date of Last Report <b>06/18/1996</b>
4. FEI Number <b>59-3204326</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>HATA, MASATO</b>
STREET ADDRESS	<b>1092 EAST ARQUES AVE</b>
CITY-ST-ZIP	<b>SUNNYVALE CA 94086</b>
TITLE	PS <input type="checkbox"/> DELETE
NAME	<b>HATA, MASATO</b>
STREET ADDRESS	<b>1092 EAST ARQUES AVE</b>
CITY-ST-ZIP	<b>SUNNYVALE CA 94086</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>SHIGEKI, UMEZA</b>
STREET ADDRESS	<b>1092 EAST ARQUES AVE</b>
CITY-ST-ZIP	<b>SUNNYVALE CA 94086</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	<b>GEORGE HARA</b>
3.4 CITY-ST-ZIP	<b>1092 EAST ARQUES AVE.</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>Tsuyoshi Taira</b>
4.4 CITY-ST-ZIP	<b>1092 EAST ARQUES AVE.</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Masato Hata* **4/10/97** **(408) 522-1400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)