

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000071185 (1)

1. Corporation Name

FUTURA INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

1940 HARRISON STREET
#202
HOLLYWOOD FL 33020
US

1940 HARRISON STREET
#202
HOLLYWOOD FL 33020
US

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/13/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0505781

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

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 607.1509, 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 607.1509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's officer or director)

Signature of Registered Agent (if not the same as the corporation's officer or director)

DATE

12. OFFICERS AND DIRECTORS

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HOLLYWOOD FL
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MEDIN, SELWYN
1940 HARRISON ST, #202
HOLLYWOOD FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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)(k), 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 affidavit with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SELWYN

MEDIN

2/1/96

305 929-3110

Date of Filing

CR2E034 (12/95)