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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071849

Corporation Name

FUTURES OF BOCA GRANDE, INC.

Principal Pla	ce of Business	Mailing Address			1 10E11001 1(0 16500 1)	al marie a dial maril a	18111 18881 118E1 1E	
152 CARRICK	BEND LANE	P O BOX 584						
BOCA GRAND	DE FL 33921	BOCA GRANDE FL 33921						
US		US			·····	OT WRITE IN T	HIS SPACE	
				;	3. Date Incorporated or C	\ualifed		
					10/15/1993			
<u> </u>	Place of Business	2a. Mailing Address		•	4. FEI Number		<i>F</i>	Applied For
21		26			65-0442297	•		Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		.	 Certifcate of Status De 	sired 🗀	•	Additional
22		27					Fee F	Required
City & Sta	ate	City & State		6	Election Campaign Fin	ancing	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		This corporation owes			_
24 25 29			Personal Property Tax. ☐ Yes No			∐No		
	9. Name and Address of Curr	ent Registered Agent	941.1		0. Name and Address o	f New Register	ed Agent	4
1771	ERSAGEN, SCOTT D	•	81 N	ame				
	BATSEL MCKINLEY ITTERSAGEN	N & CHINDEDSON	82 S	treet Address	(P.O. Box Number is Not	Acceptable)		•
	61 PLACIDA RD., SUITE 104	4 a GONDENSON			10.7 10.00 1 20.04 24	notes are result	An, taasessaar si	11 \$ 1874 (\$17 (\$10)
	GLEWOOD FL 34223		83			調調網問		
EIN	GLEWOOD FL 34223		84 C	itu	#419419 (15)	<u>n vátu és ó vetir á</u>	85 Zip	ा ३१४ सम्बद्धाः Code
	that we			ity	,	· F	FL °3 2"	Code
16 - 186 %								
11. Pursuan	t to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-na	med corporation	on submits this statement	for the purpose	of changing it	ts registered
Office of	registered agent, or both, in the Stat	le of Florida. Such change was au	thorized by the	med corporation s t	on submits this statement board of directors. I hereb	for the purpose by accept the ap	of changing it pointment as r	ts registered registered
agent. I	registered agent, or both, in the Stat am familiar with, and accept the obliq	le of Florida. Such change was au	thorized by the	med corporati corporation's t	on submits this statement board of directors. I hereb	for the purpose by accept the ap	of changing it pointment as r	ts registered registered
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OF PRINTED HAM OF SIGNING OFFI

SIGNING OFFICER OR DIRECTOR

1/12/99

FILED

Jan 27, 1999 8:00am

Secretary of State

- 1 (**1811) 4 (**) 21**0 (1816)** 1221(**88**12) **66**21(**88**14) **88**14(18**80**) (1**88**2) 2821(**8**10) 1814(**88**14)

01-27-1999 90027 025 ***150.00

(941) 964-1024 Davime Phone # CR2E034 (11/98)