FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P93000075914 (0)

FUTURES 21, INC.

Principal Place of Business Mai

Mailing Address

FILED May 11 1998 8:00am Secretary of State



310 WEST FLORIDA AVENUE ALACHUA FL 32815			POST OFFICE BOX 2123 ALACHUA FL 32615-2123					DO NOT WRÌ	TE IN THIS S	PACE		
							3. Date Incorp	orated or Qualified				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Numbe			Ar	oplied For		
21			26				59-320	8564		No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				E Cortificato	of Status Desired	П	\$8.75	Additional	
22			27				9. Certificate	or Status Desireo	ш	Fee Re	equired	
City & State			City & State				6. Election Ca	mpaign Financing		\$5.00	May Be	
23				28				Trust Fund Contribution Added to Fees				
Zip	Cour	ntry	Zip		Country	1	8. This corpor	ation owes or has p	paid the curr	ent year Int	angible	
24	25	29	29 30			Personal Property Tax due June 30. Yes No						
	9, Name and Add	lress of Current	Registered Agent					10. Name and Address of New Registered Agent				
KAI	NEV, YOULI A				81	Name '	Voul:	. Kane	1/			
	9 SW 69TH DRIVE		82 Street Ad			dress (P.O. Box Nun						
	INESVILLE FL 3260		5treet Add			COURT IN CO. DOX MUII	ibor is 1401 Accept	a510)				
-					141	(17 NIL	1 14 P	P	,			
			1970			DII IVW	1701					
					84	City A	Pachua		FL	85 Zip	Code 6/6	
11 Purcuant t	to the provisions of So	nations 607 0502	and 607 1508. Flo	rida Statutes	the above	e-named co	progration submits th	s statement for the		1 2	~~	
office or re	edi ste red adeut, or hi	oth, in the State i	of Florida. Such cha	nnoe was au	thorized h	v the comor	ation's board of dire	ctors. I hereby acc	ept the appo	ointment as	registered	
agent. Lar	m familiar with, and a	ccept the obliga	tions of, Section 60	7,0505, Flori	ida Statule	s.		11	12016	P		
SIGNATURE .		, pr		out		nuev	pured when reinstaling)	9/	130/9			
12.	Stgnature, typed or printed na	OFFICERS AND	and the second second second	(8010)	13.	oni signature rec		CHANGES TO OFF			IS IN 12	
TITLE	PTD	Of the tio har		DELETE	1.1 TITLE		7-x V			Change	Addition	
NAME	KANEV, YOULI	A			1.2 NAME		Youli A.	Kanev	'			
	2109 SW 69TH					LADDOCCO	14/17 N	w 148 Pc	2			
STREET ADDRESS	GAINESVILLE FI					ADDRESS	Youli A. 14617 N Alachua	E1 32	111			
CITY-ST-ZIP	VSD VSD	<u> </u>		DELETE	1.4 CITY-5	SI - ZIP	reachure	1 - 2 3 2 6	-	Change	Addition	
TITLE			ب لي	VELLETE	21 TITLE					Unange	L Vogition	
NAME	BRO, JOHN H.	L APP			2.2 NAME							
STREET ADDRESS	1106 NE 9TH A					ADDRESS					1	
CITY-ST-ZIP	GAINESVILLE FI	<u>-</u>		DELETE	2 4 CHY-	ST-ZIP				Change	Addition	
TITLE			L.J +	DELETE	3 1 TITLE	ł				Change	☐ Addition	
NAME					3 2 NAME							
STREET ADDRESS					33 STREE	ADDRESS					1	
CITY-ST-ZIP			- · ·	051.575	3.4. CITY-	ST-ZIP						
TITLE			□ (DELETE	4.1 TITLE					Change	☐ Addition	
NAME					4 2 NAME							
STREET ADDRESS					4.3 STREE	I ADDRESS						
CITY-ST-ZIP					4.4 City-3	ST-ZIP						
TITLE				DELETE	5.1 TITLE					Change	Addition	
NAME					52 NAME	ł						
STREET ADDRESS					5.3 STREE	ADDRESS						
CITY-ST-ZIP					5.4 CHY-5	S1 - Z(P						
TITLE	:			DELETE	6.1 TITLE	· · "				Change	☐ Addition	
NAME					62 NAME	}						
STREET ADDRESS						I ADDRESS						
CITY-ST-ZIP				6.4 CiTY-ST-ZIP								
VIII VI-48											I .	

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 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.

Yours Kanne Wange BUXUE DEU