

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

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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000028179 (7)

1. Corporation Name  
F U T ENTERPRISES, INC.



Principal Place of Business  
4948 N ORANGE BLOSSOM TRL  
ORLANDO FL 32810

Mailing Address  
4948 N ORANGE BLOSSOM TRL  
ORLANDO FL 32810-1001

3. Date Incorporated or Qualified  
04/11/1994

3a. Date of Last Report  
04/08/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1101 S. ORANGE BLOSSOM TRAIL		26 1101 S. ORANGE BLOSSOM TRAIL		59-3239459		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		87.75 Additional Fee Required	
23 City & State APOPKA, FL		28 City & State APOPKA, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip 32703		29 Zip 32703		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAINWATER, CARL B 4948 N ORANGE BLOSSOM TRL ORLANDO FL 32810				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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, KELLY D	1.2 NAME	
STREET ADDRESS	690 GLADWIN AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FERN PARK FL 32730	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, ROYCE E	2.2 NAME	
STREET ADDRESS	RT 1 BOX 592	2.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL 33823	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINWATER, CARL B	3.2 NAME	
STREET ADDRESS	209 PALMETTO CONCOURSE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Carl B. Rainwater 4/8/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)