

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000044543 (4)

1. Corporation Name

NATIONAL FUTURES GROUP, INC.

FILED

95 JUL 28 PM 1:21

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1994

3a. Date of Last Report

NA

4. FEI Number
65-0496876 151812 3 2

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. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. **1061 E. INDIANTOWN Rd**

26. **1061 E. INDIANTOWN Rd**

Suite, Apt. #, etc

Suite, Apt. #, etc

22. **SUITE # 309**

27. **SUITE # 309**

City & State

City & State

23. **JUPITER, FL**

28. **JUPITER, FL**

Zip

Country

Zip

Country

24. **33477**

25. **USA**

29. **33477**

30. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, JOHN C
103 SUNFISH LN
JUPITER FL 33477**

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. 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 of Agent or person authorized to appoint agent or officer; add number)

(Signature of Registered Agent; separate required when heretofore)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
MARTIN, JOHN C
103 SUNFISH LN
JUPITER FL 33477**

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

02. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
MARTIN, THOMAS W
103 SUNFISH LN
JUPITER FL 33477**

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

03. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
MARTIN, SUSAN A
103 SUNFISH LN
JUPITER FL 33477**

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

04. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

05. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

06. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9)(b), 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: **JOHN C. MARTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95
Date

**744
407 825-0391**
Telephone Number