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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

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A Black Brite



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1998 8:00am

Secretary of State

4/20/98 (04) 455-4227

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

## DOCUMENT # P9400057674 (1)

FUTURECOM SOFTWARE OF FLORIDA, INC.

3000 MULFOR MULBERRY FI		P.O. BOX 967 MULBERRY FL 33860			DO NOT WORTE IN THE	0.00405	
US		US			DO NOT WRITE IN THIS	SPACE	1
					3. Date Incorporated or Qualified		
6 Principal D	ace of Business	2a, Mailing Address			08/04/1994 4. FEI Number	- 1-1	Applied Fee
<u> </u>	ace of Business	<del>_</del>			\ •• ······		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3248152		Not Applicable Additional
22		27			5. Certificate of Status Desired	7	Required
City & State	2	City & State			6, Election Campaign Financing		<del></del>
23		28			Trust Fund Contribution		May Be
Zip	Country	Zip	Cour	ntrv	8. This corporation owes or has paid the co		
24	25	29	30	,	Personal Property Tax due June 30.		No No
<del></del>	g Name and Address of Current	_1	1001		10. Name and Address of New Registere		
HU.	WARD, STEPHEN D			B1 Name			
	2 LAUREL CREST DRIVE				(20)		
	_			82 Street Add	lress (P.O. Box Number is Not Acceptable)		
MU	LBERRY FL 33860		ŀ	83			-
			Ł				
				B4 City	F	85 Zip	o Code
44 Ouroupple	to the creations of Continue 607 0503	and 607 1609 Florida Platida	on the sh	OVO Pamad sort	poration submits this statement for the purpose	_	ite registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	il Florida. Such change was a	udhorizad	by the cornora	tion's board of directors. I hereby accept the ap	opointment a	is registered
SIGNATURE	Signature, lyped or printed name of registered agent				red when reinstating) DATE		···
12.	OFFICERS AND		13.	Agent algrature redu	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	DRS IN 12
TITLE	DP	DELETE	1.1 TIT	F	ADDITIONS/CHANGES TO CIT ICENS AL	Change	
NAME	HOWARD, VAUGHN H	<b>L</b>	1,2 NA				
	\$986 LAUREL CREST DRIVE			EET ADDRESS			
STREET ADDRESS			1	ì			}
CHTY-ST-ZIP	MULBERRY FL 33860	T] DELETE	2.1 TIT	Y-ST-ZIP		Change	Addition
TITLE	DST CTEDUEN D	C otters	I -			Onlange	, LI KBOIIION
NAME	HOWARD, STEPHEN D		2.2 NAI				
STREET ADDRESS	3992 LAUREL CREST DRIVE			EET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860	DELETE		Y-ST-ZIP		Change	Addition
TITLE		L) VILLETE	3.1 TIT	i i		☐ Crixinge	L. Addition
NAME			3.2 NA				
STREET ADDRESS			1	IEET ADDRESS			
CITY-ST-ZIP		T1 20.005		Y-ST-ZIP		T1 -:	
TITLE		☐ DELETE	4,1 3(1)	ľ		L Change	: L Addition
NAME			4. 2 NA				
STREET ADDRESS			4.3 STF	REET ADDRESS	•		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		DELETE	5.1 TIT	.£		Change	Addition
NAME			5.2 NAI	NE			
STREET ADDRESS			5.3 STF	EET ADDRESS			Į
CITY-ST-ZIP			5 4 CIT	Y-ST-ZIP	·		
TITLE	,	DELETE	6.1 TIT	.Ē		☐ Change	Addition
NAME			6.2 NA	ME			
STREET ADDRESS	÷		6.3 STF	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
14   hereby (	pertify that the information supplied with	n this filing does not qualify for	or the exe	mption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the	ne information
indicatéd officer of	on this annual report or supplemental	annual report is true and acc	urate and	that my signatu	ure shall have the same legal effect as if made urired by Chapter 607, Florida Statutes; and that	under oath; 1 It my name a	that I am an
Block 12	or Block 13 if changed, or on an attact	nment with an address.		roport as req	Johnson Dy Original Control Original Control Control	y name e	Programme III