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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000009488 (4)

FUTUREVEST, INC.

FILED May 04 1998 8:00am Secretary of State

Pr	rincipal Place of Business	Mailing Address					***************************************	
5050 9TH STREET NORTH STE B NAPLES FL 33940		5050 9TH STREET Suite B Naples Fl 33940				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
						02/06/1995		
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0566116	Not Applicable	
22	Sulte, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
20	Zip Country	Zip	Cou	intry		B. This corporation owes or has paid the curre	7	
24	25	29	30	Ī		_	Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
DRIVER, DARYL R				81	Name			
2110 HUNTLEIGH POINTE ORLANDO FL 32835				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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								

SIGNATURE Signature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent is gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE NAME CAVASENO, MICHAEL 1.2 NAME 5050 9TH STREET N STE B 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition | 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information bords true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing indicated on this annual eport or supplemental annual eport or supplemental annual eport. officer or director of fi Block 12 or Block 13