

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # P95000015548 (7)

1. Corporation Name

ITS'A FUTON, INC.

Principal Place of Business

9836 US 19
NEW PORT RICHEY FL 34668

Mailing Address

9836 US 19
NEW PORT RICHEY FL 34668



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

4. FEI Number

59-3301854

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. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MALE, ANNE M
9836 US 19
NEW PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

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. If the registered agent is a corporation, the signature of the president or other officer authorized to execute this report is required.

(If the Registered Agent's signature is required, it must be typed or printed below the signature.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
1	PSTD	MALE, ANNE M	9836 US 19 NEW PORT RICHEY FL 34668	☐
2				☐
3				☐
4				☐
5				☐
6				☐

1	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
1	V.P. & SEC	TERRANCE D. MALE	9836 US 19 NEW PORT RICHEY FL 34668		☐
2					☐
3					☐
4					☐
5					☐
6					☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature and typed or printed name of signing officer or director

2-7-96 813 784 5991

CR2E034 (12/95)