

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90057 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000015548**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6335 Tacoma DR</b>		2a. Mailing Address 26 <b>6335 Tacoma DR</b>		3. Date Incorporated or Qualified <b>02/23/1995</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-3301854</b>	
23 City & State <b>Port Richey FL</b>		28 City & State <b>Port Richey FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 Zip <b>34668</b>		29 Zip <b>34668</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25 Country <b>PASCO</b>		30 Country <b>PASCO</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALE, ANNE M</b>	1.2 NAME	
STREET ADDRESS	<b>9836 US 19</b>	1.3 STREET ADDRESS	<b>6335 Tacoma DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34668</b>	1.4 CITY-ST-ZIP	<b>Port Richey FL 34668</b>
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALE, TERRANCE D.</b>	2.2 NAME	
STREET ADDRESS	<b>9836 US 19 NORTH</b>	2.3 STREET ADDRESS	<b>6335 Tacoma DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	<b>Port Richey FL 34668</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: Anne Marie Male pres **Anne Marie Male** **PRESIDENT** **1-11-99** **727-843-8860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)