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

Mailing Address

2a. Mailing Address

P O BOX 994 MULBERRY FL 33860-0994

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

04/05/1996

3. Date Incorporated or Qualified

04/26/1995

4. FEI Number

Sandra B. Mortha

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

2. Principal Place of Business

4105 SHEPHERD RD

LAKELAND FL 33811

DOCUMENT # P95000032738 (3)

FUTURE TECHNOLOGY OF AMERICA, INC.

21	21				26					65-0582605	No.	t Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					F 0-15-1-10-1	D ' 1		\$8.75	
22	22				27					5. Certificate of Status	Desired	L	Fee Re	
City & State					City & State					6. Election Campaign I	Financing		\$5.00	May Be
23	3				28					Trust Fund Contribut	tion		Added	
Z1	P	Country			Zip Coi					8. This corporation has	liability for	intangibl	e tax under s	199.032,
24	25			29	29				1	Florida Statutes		Yes	X No	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							100000000000000000000000000000000000000
BEDFORD, HARRY S JR.								Name						
1 4105 SHEPHERD RD.							82 Street Address (P.O. Box Number is Not Acceptable)							
LAKELAND FL 33811							Street Address (P.O. Box Number is Not Acceptable)							
•							83							
•							84							
								City				FL	 { ` `	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.														
SIGN	IATURE				- A	· · · · · · · · · · · · · · · · · · ·								
									required	when reinstating)		DATE		<u> </u>
12.		D	OFFICERS A	ND DIREC	D DIRECTORS			13.		ADDITIONS/CHANGE				
THE		_), HARRY S JR.		DELETE	1.1 TITI		ļ	$\mathcal{A}^{\prime\prime}$	regrow HADON	65 T.F	<u>)</u> .	Change	Addition
NAME		P.O. BOX				1.2 NAI			9.9	126 116 126	136			
STREE	(ADDRESS)					1,3 STF	ieet a	DDRESS	HIU	Ford, Mary	ر کار د		. /	
CHY-S	مالا درا	MULBERA	RY FL 33860			1.4 CIT	Y-ST	ZIP		KELAND ,	EL_S	381		
TITLE					☐ DELETE	2.1 Till	LE		•	1			☐ Change	Addition
NAME						2 2 NA	ME							
STREET	ADDRESS					2.3 STF	REET A	DDRESS						
City-S	5T - ZIP				· · · · · · · · · · · · · · · · · · ·	2.4 Cit	Y-\$T	- ZIP						
HALE	1				DELETE	3.1 111	LE	ŀ		.,		-	☐ Change	Addition
NAME						3.2 NAI	ME	ľ						
SIREFI	LADDRESS					3.3 STF	REET A	DDRESS]
CITY - S	SC-ZIP					3.4. CIT	Y-ST	- ZIP						
TITLE					DELETE	4.1 TITI	LE						☐ Change	Addition
NAME						4. 2 NA	ME							
STREET	LADERESS					4.3 STF	REET A	.DDRE\$S						
CITY-S	S1- ZIF					4.4 CIT	Y-ST-	ZIP						
THLE		***************************************	A CONTRACTOR OF STREET		DELETE	5.1 T(T)							Change	☐ Addition
NAME	ĺ					5.2 NA	ME	1						ľ
STREET	LADDRESS							DDRESS						
CHY-S						5.4 CiT								
TITLE		• • • • • • • • • • • • • • • • • • • •			DELETE	6.1 TITL		<u> </u>		,		***************************************	Change	Addition
NAME						6.2 NA							_ •	
	ADDRESS							DDRESS						
CiTY -S	J					J		- }						
14. I do 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 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 un													the	
ir	nformatio	in indicated (on this annual report o	r suppleme	ntal annual report is tri	ue and a	ccura	ate and	that m	v signature shall have the	e same leo	al effect a	s if made und	der oath∵that l
a	ani an b appears i	ri Biock 12 o	ctor of the corporation or Block 3 if changed,	or on an al	tlas iment with at add	sied to s	ecu	e uns fe	ehou 8	as required by Chapter 60	or, riorida	oiai∪i 0 \$; a	and that my r	arne
			MARCHER		Was OLed		/ _[i		41.100		.//	111 .	Slet >
SIG	TANE	URE: (SIGNATURE AND TYPES	ORMINT	ALL BONING OFFICER	OR DIRECTO	I DR			711/94 Date		41-1	Daylime Phone #	772