

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039968 (9)

1. Corporation Name

FUTON & ART EXPRESSIONS, INC.



Principal Place of Business

**7860 WILES RD
CORAL SPRINGS FL 33065**

Mailing Address

**7860 WILES RD
CORAL SPRINGS FL 33065**

2. Principal Place of Business

2a. Mailing Address

21
22
23
24

Suite, Apt. #, etc.
City & State
Zip

Country

26
27
28
29

Suite, Apt. #, etc.
City & State
Zip

Country

9. Name and Address of Current Registered Agent

**FRIEDMAN, MARC
7860 WILES RD
CORAL SPRINGS FL 33065**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

05/19/1995

3a. Date of Last Report

4. FEI Number

65-0583831

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, of principal, trustee of registered agent, or officer, if applicable

(None) Registered Agent signature (leave blank) (delete) (delete)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
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CITY - ST - ZIP
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NAME
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**PVST
ZITO, ALPHONSE A
7860 WILES RD
CORAL SPRINGS FL 33065
D
ZITO, ALPHONSE A
7860 WILES RD
CORAL SPRINGS FL 33065**

DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

Change Addition
 Change Addition
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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 its registrar 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: *x [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALPHONSE A. ZITO 4-2-96 796-9577

DATE

DAYTIME PHONE #

CR2E034 (12/95)