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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # P9500 on Name IS FUTURE PROPERTIES, I	00053313 (NC.	9)	T HERITERI DE PENEL ENTRE REPUE DE LA	i Bilita Pirir bildə əhibə ikkalı əhrəb har əbbi
Principal Place of Business Mailing Address 3580 66TH AVENUE NORTH PINELLAS PARK FL 34665 PINELLAS PARK FL 34					
Dringing B	Place of Business	T. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		3. Date Incorporated or Qualified 07/05/1995	3a. Date of Last Report
21	Tace or business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		59-3320645	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Po
Zip	Country	28 Zin	T	Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for in	ntangible tax under s 199.032,
·····	9. Name and Address of Curre	nt Registered Agent	301	Florida Statutes Yes 10. Name and Address of New Re	
114000			81 Name	10. The same state of the same	Sistered Affeitt
HARRISON, WILLIAM C 233 THIRD STREET NORTH ST PETERSBURG FL 33701			82 Street Addi	ress (P.O. Box Number is Not Acceptable	۸
			<u> </u>	633 (Fro. Don Hallings, to 1400 Proception	3)
OFFE	IEUSDOUG EL 93/01		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes the above-named cornor	ration submits this statement for the purp	l-L
or registei familiar wi	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authori tion 607.0505. Florida Statute	zed by the corporation's boal	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its registered office intraent as registered agent. I am
SIGNATURE			J.		
12.	Signature, typed or printed name of registered age:		O1E: Registered Agent signature require		DATE
TITLE	D OFFICERS AN	D DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	
NAME	GUTEKUNST, KENNETH D	_	1. 1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	3580 66TH AVENUE NORTH	l	1.3 STREET ADDRESS		
CITY-S1-ZIP	PINELLAS PARK FL 34865		1.4 City - ST - ZiP		
TITLE	5	☐ DELETE	2 1 TITLE		Change Addition
NAME OTOGET ADDRESS	RITA GUTKKUNS	7	2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	35 88 60 74 71 12	74. E. 7111/	2.3 STREET ADDRESS		
TITLE	PINALLAS PANK,	DELETE	2.4 CITY-S1-ZiP		
NAME			3. 1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY- ST-ZIP		
TITLE		☐ DELETE	4 1 TITUE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY-ST-2IP 5 1 TITLE		
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME CIRCL ADDRESS			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ľ
ITY-ST-ZIP 14. I do hereby	y certify that the information supplied w	vith this filing is voluntarily 6	64 CITY - ST - ZIP	r the exemption stated in Section 119.07	
certify that	the information indicated on this annu	al report or supplemental ann	ual report is true and accurat	r the exemption stated in Section 119.07 e and that my signature shall have the sa	(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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