## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000075313 (3)

FUTURE SCOPE INDUSTRIES, INC.

## **FILED** Jul 22 1998 8:00am Secretary of State



1.14.12. 190x

Principal Plac	e of Business	Mailing Address	Mailing Address		
4529 ACADIA C		4529 AGADIA COVE	4529 ACADIA COVE		
MICEVILLE FL :	32578	NICEVILLE FL 32578	NICEVILLE FL 32578		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 09/26/1995
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26	26		59-3338786 × Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & Stat	ie .	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
3		28	28		Trust Fund Contribution Added to Fees
<sup>Zip</sup>	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29			Personal Property Tax due June 30. X Yes No
005		of Current Registered Agent		T	10. Name and Address of New Registered Agent
	FIELD, P. COLLEEN		81	Name	
	HWY. 98 E., STE. 3A		82 Street Ad		dress (P.O. Box Number is Not Acceptable)
DES	TIN FL 32541		<u></u>		
			83		
			84	City	85 Zip Code
				0,	FL   S   Z   C   C   C   C   C   C   C   C   C
11. Pursuant	to the provisions of section	s 607.0502 and 607.1508, Florida Statute	s, the above	named corp	poration submits this statement for the purpose of changing its registered
agent. I a	regist <b>ere</b> d agent, or both, in am fa <b>m</b> lliar with, and accept	the State of Florida. Such change was a the obligations of, section 607.0505, Flo	authorized by orida Statutes	the corpora S.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of re		OTE: Registered A	gent signature re	equired when reinstating) DATE
12.	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DOWN DELENA C	L DELETE	1.1 TITLE		Change Addition
NAME	BROWN, HELENA C		1.2 NAME		
STREET ADDRESS	4529 ACADIA COVE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY-ST	-ZIP	
TITLE		L_ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP	·		2.4 CITY-ST	-ZIP	
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST	-ZIP	
TITLE	:	L DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME	1	
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP		······	4.4 CITY-ST	-ZIP	
TITLE		L_] DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET.	ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST	ZIP	
TITLE		DELETE	6.1 TITLE	ļ	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-		
maichtea a	n inis annual report of Sama	Hannantal annual renon is true and accur	icht bag Ale	Mari Elanatur	ction 119.07(3)(i), Florida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am
an onicer o	il dil <b>ecto</b> r or the copporation	or the receiver or trustee impowered to on an attachment with an address.	execute this	report as re	equired by Chapter 607, Florida Statutes; and that my name appears