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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075313

FUTURE	SCOPE INDUSTRIES, IN	<u> </u>				
Principal Place	e of Business	Mailing Address				
4529 ACADIA CI		4529 ACADIA COVE				
NICEVILLE FL 32578 NICEVILLE FL 32578			DO NOT WRITE IN THIS SPACE			
	•			Date Incorporated or Qualife		
				09/26/1995		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-33387 <u>86</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		5 Additional Required
22		27			·	-
City & State	е	City & State		6. Election Campaign Financing		May Be
23		28	0	Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	8. This corporation owes the cu	rrent year Intangible	⊠No
24	25	29	30	Personal Property Tax. 10. Name and Address of New		
	9. Name and Address of Cur	Isur vehisteren wheur	81 Name	124 HOUSE WILL LANDINGS OF 14011	Buren an (18 and	
	Field, P. Colleen Hwy. 98 e., Ste. 3a		82 Street Add	dress (P.O. Box Number is Not Accept	otable)	
	HWY. 98 E., STE. 3A TIN FL 32541		83			
					85 Z	ip Code
			84 City		FLI	•
						ite regietered
11. Pursuant office or reagent. I a	to the provisions of Sections 607. egistered agent, or both, in the St im familiar with, and accept the ob	0502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the above-named corp uthorized by the corporation rida Statutes.	poration submits this statement for the ion's board of directors. I hereby acc	ept the appointment as	registered
11. Pursuant office or reagent. I a	to the provisions of Sections 607. egistered agent, or both, in the St im familiar with, and accept the ob-	ngalions of, Section 607.0303, Fid	es, the above-named corputhorized by the corporation in the corporation of the corporation is statuted. Registered Agent signature requires	red when reinstating)	DATE	
agent. i a	m ramiliar with, and accept the ob-	ngalions of, Section 607.0303, Fid	nua Statutes.		DATE DEFICERS AND DIREC	TORS IN 12
agent. I al	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE	: Registered Agent signature require	red when reinstating)	DATE	TORS IN 12
agent. I a	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS	:: Registered Agent signature require	red when reinstating)	DATE DEFICERS AND DIREC	TORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS D BROWN, HELENA C 4529 ACADIA COVE	agent and title if applicable. (NOTE AND DIRECTORS	: Registered Agent signature require 13. 1.1 TITLE	red when reinstating)	DATE DEFICERS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D BROWN, HELENA C	agent and title if applicable. (NOTE AND DIRECTORS	: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE OFFICERS AND DIRECTOR Chan	CTORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D BROWN, HELENA C 4529 ACADIA COVE	agent and title if applicable. (NOTE AND DIRECTORS	: Registored Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE DEFICERS AND DIREC	CTORS IN 12
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D BROWN, HELENA C 4529 ACADIA COVE	agent and title if applicable. (NOTE AND DIRECTORS	: Registored Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	red when reinstating)	DATE OFFICERS AND DIRECTOR Chan	CTORS IN 12
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D BROWN, HELENA C 4529 ACADIA COVE NICEVILLE FL 32578	agent and title if applicable. (NOTE AND DIRECTORS	: Registored Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE	red when reinstating)	DATE OFFICERS AND DIRECTOR Chan	CTORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS D BROWN, HELENA C 4529 ACADIA COVE NICEVILLE FL 32578	agent and title if applicable. (NOTE AND DIRECTORS DELETE	: Registored Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME	red when reinstating)	DATE DEFICERS AND DIRECTOR Chan	cTORS IN 12 ge Addition ge Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: