


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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000017990 (8)
1. Corporation Name
ASSOCIATION FOR FUTURE CONSIDERATIONS, INC.

Principal Place of Business: 64 BAY WOODS DR, SAFETY HARBOR FL 34896
Mailing Address: 64 BAY WOODS DR, SAFETY HARBOR FL 34895-5401

3. Date Incorporated or Qualified: 02/20/1990



21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
7992 BAYSHORE DR.		SEMINOLE, FL		33776	7992 BAYSHORE DR		SEMINOLE, FL		33776	59-344-1519	Additional Fee Required \$8.75	Trust Fund Contribution \$5.00 May Be Added to Fees	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent								
MAYES, DARRELL 64 BAY WOODS DR 7992 BAYSHORE DR SAFETY HARBOR FL 34895 SEMINOLE FL 33776					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip 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.

SIGNATURE: Darrell Mayes DATE: 2/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYES, DARRELL	1.2 NAME	
STREET ADDRESS	64 BAY WOODS DR 7992 BAYSHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34895 SEMINOLE FL 33776	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Darrell Mayes DATE: 2/25/97 TELEPHONE: 813-319-4283

CR2E034 (9/96)