1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90258 029 ***150.00

DOCU	MENI # P96000	022338		
1. Corporation Name				<u> </u>
THE FUT	ON EXPRESS, INC.			. 1001/201 112 (01/0 0/11 001/1 001/1 00/11 00/11 00/11 00/11 00/11 00/11 10/10 11/0/11 11/0/11 11/0/11 10/11
Principal Place	of Business	Mailing Address		
		5675 SOUTH UNIVERSITY DRI	VE	
5675 SOUTH UNIVERSITY DRIVE 5675 SOUTH UNIVERSITY D DAVIE FL 33328 DAVIE FL 33328		·· ·	DO NOT WOITE IN THE OBACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
				03/08/1996
- Diff-is-1 Di	Curing	2a. Mailing Address		4. FEI Number Applied For
─ · · · ·	ace of Business	2a. Mailing Address	-	65-0646746 Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.		_ \$8.75 Additional
22	, c.c.	27		5. Certificate of Status Desired Fee Required
City & State	· ·	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	0	Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
164 97	TILLID LEINIO I	,	81 Name	WHITEHAIR, LEWIS J
WHITEHAIR, LEWIS J			82 Street A	Address (P.O. Box Number is Not Acceptable)
3995 S.W. 15TH ST., #B-206 POMPANO BEACH FL 33069			00	4541 SW 25 AVENUE
FUM	PANO BEACH PL 33009		83	
			84 City	FONT AUDENDALE FL 85 31372
CO. 1. COZ COO and COZ ACON Claride. Statutes the above named correction submits this statement for the number of changing its registere				
11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-lanted corporation's duffice 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.				
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes.	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE, Re	egistered Agent signature re	equired when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Clange Addition
NAME	WHITEHAIR, LEWIS J		1.2 NAME	WHITEHAIR, LOWIS N 4541 SW 25 AVENUE
STREET ADDRESS	1512 JEFFERSON ST		1.3 STREET ADDRESS	4541 2M & 3 HOENDE
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	FONT LAUDENDALE FL 33312
TITLE	V	. DELETE	2.1 TITLE	Change Addition
NAME	FRISKEY, MICHAEL B		2.2 NAME	FRUKEY, MICHAEL B 2500 WE 365
STREET ADDRESS	1512 JEFFERSON ST		2.3 STREET ADDRESS	1500 NE 703
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	LIGHTHOUSE POINT FC 3306 TChange Addition
MTLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE			4, 2 NAME	
NAME			4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	<u> </u>	☐ 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	<u> </u>	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	,
STREET ADDRESS			6.3 STREET ADDRESS	
}	1		64 CITY-ST-ZIP	

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.

SIGNATURE

M LC SIJURIMICHAEURFAIS KLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99 (954) 434 Date Paytime Phone CRO