

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90072 017 ***150.00

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DOCUMENT # P96000054899

1. Corporation Name
COMMUNITY OF THE FUTURE, INC.

Principal Place of Business
5840 S.W. 36TH TERRACE
FT. LAUDERDALE FL 33312

Mailing Address
P.O. BOX 102
DANIA FL 33004-0102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1996

4. FEI Number
65-0705715

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5840 SW 36th Terrace

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 Fort Lauderdale, FL

24 Country

29 33312

25

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINSTON, SARI
5840 S.W. 36 TERRACE
FT. LAUDERDALE FL 33312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 Sari Winston

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME WINSTON, MICHAEL
STREET ADDRESS 5840 S.W. 36 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME WINSTON, SARI
STREET ADDRESS 5840 S.W. 36 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME YUGLER, COREY
STREET ADDRESS 5840 S.W. 36 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SHLIFER, GARY
STREET ADDRESS 5840 S.W. 36 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME HOSKIN, CHRISTINE
STREET ADDRESS 5840 S.W. 36 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME HOSKIN, CHRISTOPHER
STREET ADDRESS 5840 S.W. 36 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Sari Winston

SIGNATURE REQUIRED

4/28/99

954 962-8136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)