

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

DOCUMENT # P96000073613

1. Corporation Name

PROBABLE FUTURE CORP.

99 MAY 19 PM 1:47

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

6685 N.W. 75TH PL  
PARKLAND FL 33067

Mailing Address

6685 N.W. 75TH PL  
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

65-0696099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

KLEIN, BERNARD  
6685 N.W. 75TH PL  
PARKLAND FL 33067

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

81 Name

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

83

84 City

500002895565--1  
-06/04/99--01087--014  
\*\*\*\*150.00 \*\*\*\*150.00  
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME KLEIN, BERNARD  
STREET ADDRESS 6685 NW 75TH PL  
CITY-ST-ZIP PARKLAND FL

TITLE D [ ] DELETE

NAME GERARD, ANDRE  
STREET ADDRESS 50 JAMESTOWN PARK  
CITY-ST-ZIP HOLETOWN ST

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE [ ] Change [ ] Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE [ ] Change [ ] Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition

62 NAME  
63 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD KLEIN

4/27/99

DATE

561 470 9720

Daytime Phone #

CR2E034 (11/98)

0164590