

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 29 AM 7:50

DOCUMENT # **P96000077874 (1)**

1. Corporation Name
FUTURE SUCCESS SOFTWARE CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1428 BRICKELL AVE. 8TH FL
MIAMI FL 33131**

Mailing Address
**1428 BRICKELL AVE. 8TH FL
MIAMI FL 33131-3411**

3. Date Incorporated or Qualified
09/18/1996

3a. Date of Last Report

4. FEEL Number
59-3407921

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. City & State

24. Zip

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent
**LITTMAN, ERIC P
1428 BRICKELL AVE, 8TH FL
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

12.1 NAME: **PD CHAIT, DEBRA**
STREET ADDRESS: **280 NW 107TH AVE**
CITY- ST- ZIP: **PLANTATION FL 33322**

12.2 NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____

12.3 NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____

12.4 NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____

12.5 NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: _____

1.2 NAME: _____

1.3 STREET ADDRESS: _____

1.4 CITY- ST- ZIP: _____

2.1 TITLE: _____ Change Addition

2.2 NAME: _____

2.3 STREET ADDRESS: _____

2.4 CITY- ST- ZIP: _____

3.1 TITLE: _____ Change Addition

3.2 NAME: _____

3.3 STREET ADDRESS: _____

3.4 CITY- ST- ZIP: _____

4.1 TITLE: _____ Change Addition

4.2 NAME: _____

4.3 STREET ADDRESS: _____

4.4 CITY- ST- ZIP: _____

5.1 TITLE: _____ Change Addition

5.2 NAME: _____

5.3 STREET ADDRESS: _____

5.4 CITY- ST- ZIP: _____

6.1 TITLE: _____ Change Addition

6.2 NAME: _____

6.3 STREET ADDRESS: _____

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: *[Signature]* **4/28/97** Date: _____ Daytime Phone: **305 372 3322**

CR2E034 (9/96)