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 # P96000090696

1. Corporation Name

FUTURE FIRST TECHNOLOGIES, INC.

Principal Place of Business 2962 MEADOW HILL DRIVE

Mailing Address

P.O. BOX 4922

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90240 044 ***150.00



US	L 33701	US			DO NOT WRITE IN THIS SPACE				
00						3. Date Incorporated or Qualifed			
						11/05/1996			
	ace of Business	2a. Mailing Address				4. FEI Number			pplied For
21 55 HI	LLANDALE KOAD	26 55 HILLAND	4 L	E KE	OAC	59-3417534			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required
City & State	111	City & State	. [d		6. Election Campaign Financing	П	\$5.00) Мау Ве
23 RYE	BROOK NY	28 KYE BROOK	N	<u>Y</u>		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip C 72 -	Cour		^	8. This corporation owes the curre	nt year Inta		
24 105	1201 0 7 1	29 105/3	<u>)</u>	<u>US</u>	<u>/</u> \	Personal Property Tax.		∐ Yes	□No
	9. Name and Address of Current	Registered Agent		81 Na		10. Name and Address of New Ro	egistered /	Agent	
OROUTHTANO DENNIG					ame . Jof	WN MATHEWS			
PROVENZANO, DENNIS				82 Str	ceet Ac	dress (P.O. Box Number is Not Acceptate	ole)		
	MEADOW HILL DRIVE					Address (P.O. Box Number is Not Acceptable)			
CLEA	ARWATER FL 34621			83					
			}	84 Cit	tv '			85 Zip	Code
				1 5.35EM		MINOLÉ	FL		Code 7777
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the at	ove-nar	med co	rporation submits this statement for the p	urpose of	changing it	s registered
office or n	egistered agent, or both, in the State on m familiar with, and accept the obligation	it Florida. Such change was autr ons of. Section 607.0505, Florid	юлzео a Stat⊔	by the (ites.	corpora	ation's board of directors. I hereby accept	пте арроп	iumeni as i	egistered
	On a mai	tana)							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered	Agent signs	ature req	uired when reinstating)	DATE		
12.	OFFICERS AND		13,			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD	☐ DELETE	1.1 TIT	le.	6	RESIDENT		Change	Addition
NAME	PROVENZANO, DENNIS		1.2 NA	ME		ROVENZANO, DENINIS			
STREET ADDRESS	2962 MEADOW HILL DRIVE		1.3 STI	REET ADDR	RESS	55 HILLANDALE ROAD			
CITY-ST-ZIP	CLEARWATER FL		1.4 CIT	Y-ST-ZIP		RYE BROOK NY			
TITLE		☐ DELETE	2.1 TIT	ι ε	\i	RYE BROOK NY REASURER ORALEE PROJENZANO		Change	Addition
NAME			2.2 NA	ME	[ORALEE PROVENZANO			
STREET ADDRESS			2.3 ST	REET ADDR	RESS :	ss millandale non	•		
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP	.	RYE BROOK, NY			
TITLE		DELETE	3.1 TIT	LE.				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET ADDI	RESS .				
CITY-ST-ZIP			34 CF	TY-ST-ZIP	.				
TITLE		DELETE	4.1 TIT				-	☐ Change	☐ Addition
NÄME		_	4.2 N						
STREET ADDRESS				REET ADDE	RESS				
				IY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT		+			☐ Change	Addition
			5.2 NA					_ •	_
NAME				REET ADD	RESS				
STREET ADDRESS	· 			ry-ST-Zip					
CITY-ST-ZIP		DELETE	6.1 TIT		\dashv			Change	Addition
TITLE		☐ pere is	6.2 NA		- [
NAME			1		ncec				
STREET ADDRESS	•			REET ADDI	KESS				
CITY-ST-ZIP				Y-ST-ZIP				***************************************	
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for the	ne exer	nption s	tated i	n Section 119.07(3)(i), Florida Statutes. I ure shall have the same legal effect as if	rutther cert	ity that the eroath: tha	intormation it I am an

indicated on this annual report of supplemental annual report is true and accorded and trust my signature shall have the same began of the supplemental annual report is true and accorded and trust my signature shall have the same began 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 only a attachment with an address, with all other like empowered.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR