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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000071881 (1)

FUTURE ATA INC.

Mailing Address

Principal Place of Business

FILED May 05 1998 8:00am Secretary of State



1748 NW 16			1748 NW 163 TER							
PEMBROKE	PINES FL 33028	PEMBROKE I	PEMBROKE PINES FL 33028			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified	- U. A.D.L			
'						08/18/1997				
2. Principal Place of Business 2a. Mailing A			g Address			4. FEI Number	Ar	plied For		
21		26	26			65-0776038		ot Applicable		
Suite, Apt.	#, e1c.	Suite, Apt.	Suite, Apt. #, etc.				\$8.75	Additional		
22	. <u></u>	27	27			5. Certificate of Status Desired	Fee Re	quired		
City & State	e	City & Stat	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	Added			
Zip	Country	Zip	Zip Cour			8. This corporation owes or has paid the cu				
24	25 29 30			Personal Property Tax due June 30. Yes No			No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
NENEZIC, JENNIFER				181	Name			J		
	48 NW 163 TER			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)				
PEMBROKE PINES FL 33028				00						
				83						
				84	City		85 Zip (Code		
				<u> </u>	L	PL PL	<u>- </u>			
11. Pursuant office or r	to the provisions of Sections 607.0 ealst ered agent, or both, in the Sta	502 and 607,1508, Flo ite of Florida. Such ch	rida Statutes, the anne was authori:	above zed by	e-named corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing it pointment as	s registered registered		
agent. I a	m familiar with, and accept the obl	igations of, Section 60	7.0505, Florida S	tatutes	S.	, a	F			
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered in	AND DIRECTORS			ent signature re	quired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTOR	- I		
12.	P		DELETE 1.1	TITLE		ADDITIONS/CHANGES TO OFFICERS AIV	Change	Addition		
NAME	NENEZIC, DANIELLE A	_		NAME	- 1		L., 0,,,,,,,			
STREET ADDRESS	1748 NW 163 TERR.				ADDRESS			18		
CITY-ST-ZIP	PEMBROKE PINES FL 330	28		CITY-S	1					
TITLE	CD			TITLE	11-211		Change	Addition		
NAME	NENEZIC, JENNIFER	_	• • • • • • • • • • • • • • • • • • • •	NAME						
STREET ADDRESS	1748 NW 163 TERR.		1		ADDRESS			Į		
CITY-ST-ZIP	PEMBROKE PINES FL 3302	28		4 CITY - S	I					
TITLE				TITLE	, , , , , , , , , , , , , , , , , , ,		Change	Addition		
NAME			3.2	NAME	1		•	_		
STREET ADDRESS					ADDRESS			ĺ		
CITY-ST-ZIP				I. CITY-5						
TITLE				TITLE			Change	Addition		
NAME			4.3	2 NAME						
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-2IP			4.4	CITY-S	T-ZIP					
TITLE			No	TITLE			Change	Addition		
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY-ST-ZIP			5.4	I CITY-S	T- ZIP					
TITLE				TITLE	-+		Change	Addition		
NAME	•		6.2	NAME						
STREET ADDRESS					ADDRESS			Ì		
CITY-ST-ZIP			6.4	CITY-S	r-zip			-		
	ertify that the information supplied	with this filing does no	ot qualify for the e	xemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further co	ertify 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:

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