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 # P98000008619

1. Corporation Name

FLORIDA FUTURE COMPUTERS, INC.

Principal Place of Business Mailing Address														
C/O MARK B. SLAVIN. P.A. C/O MARK B. SLAVIN. P.A.														
1031 N MIAMI BEACH BLVD				1031 N MIAMI BEACH BLVD					DO NOT WRITE IN THIS SPACE					
N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162									3. Date Incor				31 702	
			•						01/28/1	•	Zuamed			
2. Principal Place of Business				2a. Mailing Address					4. FEI Numb				A	pplied For
21				26					65-	- OXI	1/33	37	N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5 0 46 4	-(0)			\$8.75	Additional
22				27					5. Certifcate	or Status De	esirea	Ø	Fee R	equired
City & State			City & State						6. Election C	ampaign Fir	nancing		\$5.00	May Be
23			28					-	Trust Fund	1 Contributio	n		Added	to Fees
Zip Country				Zip Country			1		8. This corporation owes the current year Intangible					
24	25		29					Total Tropolity Tax.					(DANO	
	9. Name and A	ddress of Current	Regis	tered Agent			ı 		10. Name and	d Address	of New F	Registered	Agent	
01.41	MN MARK R FO	_				81	Name	7	RENI	CF1	A.	AHU	HI	PREC
SLAVIN, MARK B ESQ						82	Street		s (P.O. Box Nu	Imber is No	Accepta	ible)		
1031 NORTH MIAMI BEACH BLVD							21	41	NE	19 AV				
N MIAMI BEACH FL 33162						83)	Minn	1 121	=10	ப		1
						84	City		IIIAIN	1 / 72	= /y~/	7	85 Zip	Code
							' '					FL	. 33	179
11. Pursuant t	o the provisions of	Sections 607.0502	and 6	07.1508, Flori	da Statutes,	the abov	e-named	corpor	ation submits the	nis statemer	t for the	purpose of	changing its	s registered
office or re	egistered agent, or n familiar with, and	both, in the State of accept the obligati	of Floric ions of	la. Such chan Section 607.	ige was auth 0505, Florida	orized by Statutes	tne corpo i.	oration	9 board of dire	ciors, Livere	y accer	n the appoi	nunent as re	egistered (
	Aller as	ノベメ	٠	4/20	199	,								
SIGNATURE	Signature, typed or printed		and title		PES!	gistered Ager	nt signature re	equired w	nen reinstating)			DATE	/ /	·
12.	LUI	OFFICERS AND	DIRE			13.						FICERS AN	ID DIRECTO	
TITLE	D			12 40	ELETE	1.1 TITLE			DRESI				Change	Addition
NAME	FRENKEL, NAH	UM				1.2 NAME		F	RENF	くぼくん	NA	HUM	[
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CITY-ST-ZIP	N MIAMI BEACH FL 33162			1.4 CI			T-ZIP		O. MIK			CHE	<u> </u>	79
TITLE	D ·			X ₀	ELETE	2.1 TITLE				·		- /	Change	Addition
NAME	GRADAILLE, MARISABEL				·	2.2 NAME								
STREET ADDRESS	DRESS 1031 N MIAMI BEACH BLVD			2.3 ST			TADDRESS							
CITY-ST-ZIP	N MIAMI BEACH FL 33162						ST-ZIP							
TITLE				D	ELETE	31 TITLE							Change	☐ Addition
NAME						3.2 NAME								
STREET ADDRESS	•	_		, .	•	3.3 STREE	TADDRESS				_			ĺ
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TITLE				□ D	ELETE	4.1 TITLE							Change	Addition
NAME						4. 2 NAME								
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CiTY-ST-ZIP						4.4 CITY-S	T-ZIP							<u>.</u>
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CITY-ST-ZIP						5.4 CITY-S	T-ZIP						_	
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NAME						6.2 NAME								}
STREET ADDRESS						6.3 STREE	TADDRESS							

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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90212 041 ***158.75