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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095558

Corporation Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FUTURE PROPERTIES, INC.

Mailing Address Principal Place of Business 730 N. VICTORIA PARK RD. 730 N. VICTORIA PARK RD. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 11/12/1998 **FEL Number** Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required . . 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country This corporation owes the current year Intangible Zip Country □No ☐ Yes Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GILMAN, MARK G 82 Street Address (P.O. Box Number is Not Acceptable) 730 N. VICTORIA PARK RD. FT. LAUDERDALE FL 33304 83 85 Zip Code 84 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition □ DELETE 1.1 TITLE ☐ Change TITLE GILMAN, MARK G 12 NAME NAME 730 N. VICTORIA PARK RD. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33304 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change . ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90099 013 ***150.00

CR2E034 (11/98

Addition

Change

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 supplies that his simple does not qualify for 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 lress, with all other like empowered

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

Bilman Director SIGNATURÉ