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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 FEB 23 PM 3:11

DOCUMENT # **S04613** **(3)**

1. Corporation Name
FUTURE' COMPUTER CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 5757 WINTER PARK FL 32790-5757	P.O. BOX 5757 WINTER PARK FL 32790-5757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1990	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3024454	☒ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POLICASTRO, STEVEN C.
9430 HOLBROOK DR.
SUITE 16
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name: [redacted] Policastro, Steve C.
82 Street Address (P.O. Box Number is Not Acceptable): 140 N. Orlando Ave
83 Suite 150
84 City: Winter Park FL 85 Zip Code: 32789

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, if agent is a corporation, the name and title of the officer.) (If agent is a partnership, the name and title of a partner.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Vice President ☒ Change ☐ Addition
NAME	POLICASTRO, DEBORAH S.	12 NAME	Policastro, Daborah S.
STREET ADDRESS	9430 HOLBROOK DR.	13 STREET ADDRESS	720 Calico Ct.
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Winter Springs, FL 32708
TITLE	TD	21 TITLE	President ☒ Change ☐ Addition
NAME	POLICASTRO, STEVEN C.	22 NAME	Policastro, Steven C.
STREET ADDRESS	9430 HOLBROOK DR.	23 STREET ADDRESS	720 Calico Ct.
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Winter Springs, FL 32708
TITLE	CFO	31 TITLE	Treasurer ☒ Change ☐ Addition
NAME	POLICASTRO, STEVEN C.	32 NAME	Policastro, Steven C. Jr.
STREET ADDRESS	9430 HOLBROOK DR	33 STREET ADDRESS	720 Calico Ct.
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	Winter Springs, FL 32708
TITLE		41 TITLE	☒ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 2-16-95 407-629-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0410744 FP