SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S08668** **(3)**

1. Corporation Name
FUTURE TOURS, INC.

Principal Place of Business	Mailing Address
1900 GLADES RD., SUITE 251 BOCA RATON FL 33431	1900 GLADES RD., SUITE 251 BOCA RATON FL 33431

3. Date Incorporated or Qualified: 10/25/1990
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21: 931 CLINT MOORE RD
22: Suite, Apt. #, etc
23: City & State: BOCA RATON FL.
24: Zip: 33487 25: Country: USA

2a. Mailing Address
26: 931 CLINT MOORE RD
27: Suite, Apt. #, etc
28: City & State: BOCA RATON FL.
29: Zip: 33487 30: Country: USA

4. FEI Number: 65-0258338 ☐ 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

9. Name and Address of Current Registered Agent
ATTERMAN, PAUL
1900 GLADES RD., SUITE 251
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name: PAUL Alterman c/o SPACE
82 Street Address (P.O. Box Number is Not Acceptable): 2200 W. Commercial BLVD
83: Ste. 105
84 City: Ft. LAUDERDALE FL 85 Zip Code: 33309

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] 7/17/96
(Signature, typed or printed name of registered agent and, if applicable, title of officer) (NOTE: Registered Agent's signature required where name is changed) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	0	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAUNSTEIN, MARTIN		1.2 NAME		
STREET ADDRESS	119 N PARK AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE CENTRE NY		1.4 CITY-ST-ZIP		
TITLE	0	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, MILTON		2.2 NAME		
STREET ADDRESS	119 N PARK AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE CENTRE NY		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/17/96 516-764-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)