

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S16367

(2)

1. Corporation Name

FUTURE FARM U.S.A., INC.



Principal Place of Business

5100 TOWN CENTER CIRCLE, SUITE 330  
BOCA RATON FL 33486

Mailing Address

5100 TOWN CENTER CIRCLE, SUITE 330  
BOCA RATON FL 33486

3. Date Incorporated or Qualified

11/27/1990

3a. Date of Last Report

03/02/1995

4. FEI Number

65-0371355

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 4296 Leighton Farm Ave

26 4296 Leighton Farm Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Palm City, Florida

28 Palm City, Florida

Zip

Country

Zip

Country

24 34994

25 USA

29 34994

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

E.H.G. RESIDENT AGENTS INC  
5100 TOWN CENTER CIRCLE, SUITE 330  
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME BLUME, EDWARD  
STREET ADDRESS 1999 N.W. SUNSET BLVD.  
CITY-ST-ZIP JENSEN BEACH FL 34957

1.2 NAME  
1.3 STREET ADDRESS 4296 Leighton Farm Ave.  
1.4 CITY-ST-ZIP Palm City, Florida

TITLE D ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME HOLMBERG, HANS  
STREET ADDRESS ARSTAANGSVAGEN 17  
CITY-ST-ZIP STOCKHOLM, SWEDEN

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)