

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:41

DOCUMENT # **V26530** (8)
1. Corporation Name
LORAN FUTURES, INC.

Principal Place of Business Mailing Address
3950 GORDON DRIVE **3950 GORDON DRIVE**
NAPLES FL 33939 **NAPLES FL 33939**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/03/1992** 3a. Date of Last Report **05/10/1994**

4. FEI Number **65-0322517** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **75485 Overseas Hwy.** 26 **P.O. Box 1757**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **Islamorada, FL** 28 **Islamorada, FL**
City & State City & State
24 **33036** 25 **Monroe** 29 **33036** 30 **Monroe**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

MARSHALL, JOHN A.
3950 GORDON DRIVE
NAPLES FL 33939

10. Name and Address of New Registered Agent

81 Name **John A. Marshall**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **75485 Overseas Hwy**
84 City **Islamorada** 85 Zip Code **FL 33036**

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

J Marshall

3/21/95

Signature of Agent or Agent's Name of registered agent and title if applicable

NOTE: Registered Agent signature required after reappointing

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | CP |
| NAME | MARSHALL, JOHN A |
| STREET ADDRESS | 3950 GORDON DRIVE |
| CITY, ST, ZIP | NAPLES FL 33939 |
| TITLE | VD |
| NAME | MARSHALL, JOHN W |
| STREET ADDRESS | 3950 GORDON DRIVE |
| CITY, ST, ZIP | NAPLES FL 33939 |
| TITLE | STD |
| NAME | MARSHALL, DOROTHY E |
| STREET ADDRESS | 3950 GORDON DRIVE |
| CITY, ST, ZIP | NAPLES FL 33939 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | John A. Marshall |
| 13 STREET ADDRESS | 75485 Overseas Hwy. |
| 14 CITY, ST, ZIP | Islamorada, FL 33036 |
| 21 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | John W. Marshall |
| 23 STREET ADDRESS | 75485 Overseas Hwy. |
| 24 CITY, ST, ZIP | Islamorada, FL 33036 |
| 31 TITLE | Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Dorothy E. Marshall |
| 33 STREET ADDRESS | 75485 Overseas Hwy. |
| 34 CITY, ST, ZIP | Islamorada, FL 33036 |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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 (2)(9)(b), 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 such officer or directors, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J Marshall

3/21/95

305-664-0000

SIGNATURE AND TYPE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Telephone Number