

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V26530** (8)

1. Corporation Name
LORAN FUTURES, INC.



Principal Place of Business
**75485 OVERSEAS HWY
ISLAMORADA FL 33036
US**

Mailing Address
**P.O. BOX 757
ISLAMORADA FL ~~33039~~
US**
(M) 33036

3. Date Incorporated or Qualified **04/03/1992** 3a. Date of Last Report **03/31/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0322517	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State Islamorada, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip 33036	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country Mchroe		

9. Name and Address of Current Registered Agent

**MARSHALL, JOHN A.
75485 OVERSEAS HWY
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent

81. Name Same
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *John Marshall* **2/21/96**
Signature of the President, Secretary, Treasurer, or Registered Agent and the filer, if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PO
NAME	MARSHALL, JOHN A	1.2 NAME	Same
STREET ADDRESS	75485 OVERSEAS HWY	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	Same
TITLE	VD	2.1 TITLE	VD
NAME	MARSHALL, JOHN W	2.2 NAME	Same
STREET ADDRESS	75485 OVERSEAS HWY	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	ISLAMORADA FL	2.4 CITY-ST-ZIP	Same
TITLE	ST	3.1 TITLE	STD
NAME	MARSHALL, DOROTHY E	3.2 NAME	Same
STREET ADDRESS	75485 OVERSEAS HWY	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	ISLAMORADA FL	3.4 CITY-ST-ZIP	Same
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *John Marshall* **2/21/96** (305) 664-0000
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (12/95)