

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**



33036

3. Date Incorporated or Qualified
04/03/1992

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **33036** 25 **FL** 29 **33036** 30 **Manroe**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Same

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

John Marshall

Signature required of registered agent and fee is applicable

(NOTE: Registered Agent signature required when reappointing)

2/21/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**P
MARSHALL, JOHN A
75485 OVERSEAS HWY
ISLAMORADA FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VD
MARSHALL, JOHN W
75485 OVERSEAS HWY
ISLAMORADA FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**ST
MARSHALL, DOROTHY E
75485 OVERSEAS HWY
ISLAMORADA FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME **Same**

1.3 STREET ADDRESS **Same**

1.4 CITY-STATE-ZIP **Same**

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME **Same**

2.3 STREET ADDRESS **Same**

2.4 CITY-STATE-ZIP **Same**

3.1 TITLE STD ☒ Change ☐ Addition

3.2 NAME **Same**

3.3 STREET ADDRESS **Same**

3.4 CITY-STATE-ZIP **Same**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 (305) 664-0000

Date Daytime Phone #

CR2E034 (12/95)