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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # V54040 (3) 1. Corporation Name				
FUTUF	re vision realties (flor	IIDA), INC.		
Principal Place o	of Business	Mailing Address		- I TOREN BINDON BININ ENGRY BONIN BERN BURN BIRDIN BIREN BINDIN
1031 COMMODORE ST #G CLEARWATER FL 34615 US		1031 COMMODORE CLEARWATER FL 3 US		
00		00		3. Date Incorporated or Qualified
. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number Applied For
⊥ Suite, Aρt.#,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
City & State		City & State	F	Fee Required
l		28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
- Ζιρ 	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes
	9. Name and Address of Current		30	10. Name and Address of New Registered Agent
			81 Name	
JELL, FRANK W.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
1031 COMMODORE ST #G CLEARWATER FL 34615			83	
			84 City	85 Zip Code
n kommuner	N	18014600 61 11 0	'	ration submits this statement for the purpose of changing its registered off
GNATURE s	By salure, typed or pended halice of registered agent as OFFIGERS AND PSV		VOTE: Flogisterud Agont signature required 13.	nd when reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
ME	JELL, FRANK W.	Писси	1. 1 TITLE 1.2 NAME	Citalige C Addition
HEET ADDRESS	1031 COMMODORE ST #G		1 3 STREET ADDRESS	
Y - ST - ZIP'	CLEARWATER FL TD	[□] DELETE	1.4 C/TY-ST-ZIP 2 1 T/TLE	Change Addition
ME	JELL, FRANK W.		2.2 NAME	
FET ALWRESS	1031 COMMODORE ST #G		2 3 STREET ADDRESS	
Y-ST-ZIP .f	CLEARWATER FL	DELETE	2.4 C(TY - ST - Z(P) 3. 1 TITLE	Change Addition
ME			3 2 NAME	_ , _
SEFT ADDRESS			3.3 STREET ADDRESS	
Y-S1-ZIP .F		DELETE	3.4 C/TY-ST-ZIP 4.1 TITLE	Change Addition
ME			4 2 NAME	
KEET ADORESS			4.3 STREET ADDRESS	
Y-\$1-7IP ,F		☐ DELETE	44 CITY-ST-ZIP 5 1 TITLE	Change Addition
.' Mt		L) vecen	5 2 NAME	Change C Mouton
HEET ADDRESS			5 3 STREET ADDRESS	
Y - ST - ZIF	· · · · · · · · · · · · · · · · · · ·	El corre	5 4 CITY-ST-ZIP	
ef Mi		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
ME BEET ADORESS			6.2 NAME 6.3 STHEET ADDRESS	
TY-SI-ZIF			6.3 STREET ADDRESS	
 I do hereby certify that to alh; that I 	the information indicated on this annua	I report or supplemental ar ition or the receiver or trus	rnished and does not qualify formular report is true and accurate empowered to execute this	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ate and that my signature shall have the same legal effect as if made underse report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

January 26 th 1996/813)417-040