

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 # **P93000070291 (8)**

1. Corporation Name
FUTURE NOW INC.



Principal Place of Business: **11A N OCEAN WAY STE A DEERFIELD BCH FL 33441 US**
Mailing Address: **11A N OCEAN WAY STE A DEERFIELD BCH FL 33441 US**

2. Principal Place of Business: **1847 SE 4th St.**
2a. Mailing Address: **1847 SE 4th St**
21. Suite, Apt. #, etc.
22. City & State: **POMPANO BEACH, FL**
23. Zip: **33060** Country: **USA**
24. Zip: **33060** Country: **USA**

3. Date Incorporated or Qualified: **10/01/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0450978**
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:
**ROOT, JONATHAN S
301 YAMATO ROAD
SUITE 3101
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent:
81 Name: **THOMAS J LEONE**
82 Street Address (P.O. Box Number is Not Acceptable): **1847 SE 4th ST**
83
84 City: **POMPANO BEACH** FL 85 Zip Code: **33060**

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: *Thomas J Leone* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSCHLITZ, STEVEN F	1.2 NAME	
STREET ADDRESS	301 N.E. 38TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, THOMAS J.	2.2 NAME	Leone, Thomas J.
STREET ADDRESS	11A N OCEAN WAY	2.3 STREET ADDRESS	1847 SE 4th St.
CITY - ST - ZIP	DEERFIELD BCH FL	2.4 CITY - ST - ZIP	Pompano Bch, FL 33060
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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, changed, or on an attachment with an address.

SIGNATURE: *Thomas J Leone* DATE: **4/29/96** CUSTOMER PHONE: **054/782-4734**

CR2E034 (12/95)