

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # J81502 (3)

1. Corporation Name
DEFINE FAMILY CORPORATION, INC.



Principal Place of Business: 101 E. MARION AVE. PUNTA GORDA FL 33950
 Mailing Address: 101 E. MARION AVE. PUNTA GORDA FL 33950-3626

3. Date Incorporated or Qualified: **06/26/1987**
 3a. Date of Last Report: **04/30/1996**

21. Principal Place of Business Suite Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 59-2831715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					9. Additional Fee Required: \$8.75 and \$5.00 May Be Added to Fees						

9. Name and Address of Current Registered Agent LEE, H. GREG 2014 4TH ST. SARASOTA FL 34237				10. Name and Address of New Registered Agent							
				61. Name							
				62. Street Address (P.O. Box Number is Not Acceptable)							
				63.							
				64. City				FL		65. 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEFINE, ROBERT J., JR.			1.2 NAME			
STREET ADDRESS	460 CORONADO			1.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEFINE, BONNIE M.			2.2 NAME			
STREET ADDRESS	460 CORONADO			2.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			2.4 CITY-ST-ZIP			
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert J. Define, Jr.* **ROBERT J. DEFINE, JR.** 1/17/97 (941) 637-0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)