

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L16904** (9)
1. Corporation Name
FAMILY TRADITIONS, INC.

Principal Place of Business Mailing Address
710 BIRD BAY DRIVE WEST **710 BIRD BAY DRIVE WEST**
VENICE FL 34292 **VENICE FL 34292**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 02/04/1994
4. FEI Number 59-2971448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suits, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent BAKER, FREDRICK A. 710 BIRD BAY DRIVE WEST VENICE FL 34292				10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)		B3	
B4 City		FL		B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BAKER, COLLEEN 710 BIRD BAY DR. W. VENICE FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P ROBIN VOWELL
STREET ADDRESS		1.3 STREET ADDRESS	420 PALM CREEK DR.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	ENGLEWOOD, FL.
TITLE	ST VOWELL, ROBIN E. 420 PALM BREEK DRIVE ENGLEWOOD FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ST GLENN BAKER
STREET ADDRESS		2.3 STREET ADDRESS	9646 S.W. MARINA DR.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	ARCAIDA FL.
TITLE	VP VOWELL, WAYNE 420 PALM CREEK DR. ENGLEWOOD FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	VP WAYNE VOWELL
STREET ADDRESS		3.3 STREET ADDRESS	420 PALM CREEK DR.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ENGLEWOOD, FL.
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CHAIRMAN FREDERICK BAKER
STREET ADDRESS		5.3 STREET ADDRESS	710 BIRD BAY DR. W.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	VENICE, FL.
TITLE		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 110.07(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: Robin E. Vowell Robin E. Vowell 3/20/95 (813) 484-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR