

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L16904 (9)**

1. Corporation Name

FAMILY TRADITIONS, INC.



Principal Place of Business

Mailing Address

710 BIRD BAY DRIVE WEST
VENICE FL 34292

710 BIRD BAY DRIVE WEST
VENICE FL 34292

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/19/1989

3a. Date of Last Report

03/27/1995

4. FEI Number

59-2971448

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

10. Name and Address of New Registered Agent

BAKER, FREDRICK A.
710 BIRD BAY DRIVE WEST
VENICE FL 34292

81 Name

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 607.1503, 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

Signature typed or printed name of registered agent and the corporation

NOTE: Registered Agent's signature required when changing

Date:

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VOWELL, ROBIN	
STREET ADDRESS	420 PALM CREEK DR	
CITY- ST- ZIP	ENGLEWOOD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BAKER, GLENN	
STREET ADDRESS	9646 S.W. MARINA DR	
CITY- ST- ZIP	ARCAIDA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VOWELL, WAYNE	
STREET ADDRESS	420 PALM CREEK DR.	
CITY- ST- ZIP	ENGLEWOOD FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BAKER, FREDERICK	
STREET ADDRESS	710 BIRD BAY DR., W	
CITY- ST- ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: *Glenn A Baker* GLENN A. BAKER SEC/TREAS. 01/08/96 941 484 7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)