

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

FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L16904 (9)
 1. Corporation Name
FAMILY TRADITIONS, INC.

Principal Place of Business 710 BIRD BAY DRIVE WEST VENICE FL 34292	Mailing Address 710 BIRD BAY DRIVE WEST VENICE FL 34292-4031
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 04/11/1996
21. Suite, Apt #, etc.	26. 917 S. TAMiami TR.	4. FEI Number 59-2971448	Applied For Not Applicable		
22. City & State	27. SUITE U	6. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23. Zip	28. NOKOMIS, FL.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country	29. 34275	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	30. SARASOTA				

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

81. Name BAKER, FREDERICK A.
82. Street Address (P.O. Box Number is Not Acceptable) 9646 S.W. MARINA DR.
83. ARCADIA
84. City
85. Zip Code FL 34266

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: *Frederick A Baker* DATE: **3-22-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	BAKER, GLENN	
STREET ADDRESS	9646 S.W. MARINA DR	
CITY - ST - ZIP	ARCADIA FL	
TITLE	VP	<input checked="" 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	9646 S.W. MARINA DR.	
4.4 CITY - ST - ZIP	ARCADIA, FL. 34266	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Frederick A Baker* **FREDERICK A. BAKER** DATE: **3-22-97** **484-7850**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)