


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am  
Secretary of State

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N05692**

1. Corporation Name

**FLORIDA ASSOCIATION OF PROFESSIONAL FAMILY MEDIA TORS, INC.**

Principal Place of Business

% MELVIN A. RUBIN  
111 MAJORCA AVENUE  
CORAL GABLES FL 33134  
US

Mailing Address

% MELVIN A. RUBIN  
111 MAJORCA AVENUE  
CORAL GABLES FL 33134  
US



|   |  |  |
|---|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>10/16/1984<br>4. FEI Number<br>59-2526792<br>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

9. Name and Address of Current Registered Agent

RUBIN, MELVIN A  
111 MAJORCA AVE.  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FLEISCHER, JANICE M<br>801 ORTEGA AVENUE<br>CORAL GABLES FL 33134<br><input type="checkbox"/> DELETE    | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | T<br>LAURIE Pine Farber<br>12094 Old Country Road<br>Wellington, FL 33414<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PE<br>BLANTON, NANCY T<br>650 E. BAY AVENUE<br>LAKE CITY FL 32025<br><input type="checkbox"/> DELETE         | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | S<br>NARDA Riese<br>2096 38th Avenue<br>Vero Beach, FL 32960<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>KAHN, ALAN<br>18043 LAKE BEND DRIVE<br>JUPITER FL 33458<br><input checked="" type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | D<br>Diane Godard<br>THE Crossings, Suite 514, 28471 US 19 No.<br>Clearwater, FL 34621<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CASTAGNA, CHARLES<br>311 S. MISSOURI AVENUE<br>CLEARWATER FL 33756<br><input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | D<br>DAN WARNER<br>Suite C, 4741 ATLANTIC Blvd<br>Jacksonville, FL 32207<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DOELKER, RICHARD E JR.<br>4555 LAVALLET LANE<br>PENSACOLA FL 32504<br><input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | D<br>Penny Levin<br>1414 Rose Court<br>Melbourne, FL 32935<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DULBERG, ROBERT<br>100 S.E. 2ND STREET, SUITE 2100<br>MIAMI FL 33131<br><input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice M. Fleischer SIGNATURE REQUIRED: Janice M. Fleischer 26/99 305-4453721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)