

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47998** (2)  
1. Corporation Name  
**FLORIDA FAMILIES FIRST, INC.**



Principal Place of Business: 1790 SW 27TH AVE MIAMI FL 33145-2494  
Mailing Address: 1790 SW 27TH AVE MIAMI FL 33145-2494

3. Date Incorporated or Qualified: 03/23/1992  
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3153313	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALTMA, STUART H 175 NW FIRST AVE SUITE 1100 MIAMI FL 33128-1835		81 Name	Caldwell, Robert A.
		82 Street Address (P.O. Box Number is Not Acceptable)	220 Coral Sands Drive
		83	
		84 City	Rockledge, FL
		85 Zip Code	FL 32955

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: *Robert A. Caldwell* Robert A. Caldwell DATE: 4/11/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD HOWARD, PETER D 3205 SO GATE CIR SARASOTA FL	1.1 TITLE	VD Howard, Peter D 3205 So Gate Cir Sarasota, FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD NEWSTEIN, NEIL 4605 COMMUNITY DR W PALM BCH FL	2.1 TITLE	PD Newstein, Neil 4605 Community Dr W Palm Beach FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD SALTMAN, DAVID B. 1790 S.W. 27TH AVENUE MIAMI FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD CALDWELL, ROBERT A. 220 CORAL SANDS DRIVE ROCKLEDGE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	SD Chapman, Rose 1970 Main Sarasota, FL
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Caldwell* Robert A. Caldwell DATE: 4-11-96 407 632-5792  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)