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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
1790 SW 27TH AVE MIAMI FL 33145-2494
1790 SW 27TH AVE MIAMI FL 33145-2418

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 220 Coral Sands Drive 27 220 Coral Sands Drive
City & State City & State
23 Rockledge, FL 28 Rockledge, FL
Zip Country Zip Country
24 32955 25 32955 29 32955 30

3. Date Incorporated or Qualified 03/23/1992 3a. Date of Last Report 04/24/1996
4. FEI Number 59-3153313 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CALDWELL, PETER D.
3205 SOUTH GATE CIRCLE
SARASOTA FL 33128-1835

10. Name and Address of New Registered Agent
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 32956

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 2-11-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD	<input type="checkbox"/>
NAME	HOWARD, PETER D	
STREET ADDRESS	3205 SO GATE CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/>
NAME	NEWSTEIN, NEIL	
STREET ADDRESS	4605 COMMUNITY DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input type="checkbox"/>
NAME	CHAPMAN, ROSE	
STREET ADDRESS	1970 MAIN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/>
NAME	CALDWELL, ROBERT A.	
STREET ADDRESS	220 CORAL SANDS DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEWSTEIN, NEIL P.	
1.3 STREET ADDRESS	4605 Community Drive	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
2.1 TITLE	Vice President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWARD, PETER D.	
2.3 STREET ADDRESS	3205 S. Gate Circle	
2.4 CITY-ST-ZIP	Sarasota, FL 34239	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: NEIL P. NEWSTEIN, PRESIDENT *Neil P. Newstein* DATE: 1/15/97 (561) 684 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0030343

CR2E037 (9/96)