1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90120 007 ****61.25

DOCUMENT # N47998

1. Corporation Name

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Zip

City & State

FLORIDA FAMILIES FIRST, INC.

I COLIDA I AMILICO I MOT, IN	,		
0	Maiting Address		
Principal Place of Business	Mailing Address		
220 CORAL SANDS DRIVE	220 CORAL SANDS DRIVE		
ROCKLEDGE FL 32955	ROCKLEDGE FL 32955		
US	US		
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite Ant # etc	Suite Ant. #. etc.		

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City & State

Country Zip Country 6. Election Campaign Financing
25 29 30 Trust Fund Contribution

9. Name and Address of Current Registered Agent 10. Name and Address of New

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

03/23/1992 4. FEI Number

59-3153313

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
	81 Name		
CALDWELL, ROBERT A. 220 CORAL SANDS DRIVE ROCKLEDGE FL 32956	82 Street Address (P.O. Box Number is N	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84 City	FL 85 Zip Code	
Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statu	he above-named corporation submits this statem	ent for the purpose of changing its registered	

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					
TITLE	VPD DELETE	1,1 TITLE	☐ Change ☐ A	ddition				
NAME	BERNSTEIN, MICHAEL A	1.2 NAME		1				
STREET ADDRESS	14041 ICOT BLVD	1.3 STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 33760	1.4 CITY-ST-ZIP		1.50				
TITLE	PD DELETE	2.1 TITLE	☐ Change ☐ A	ddition				
NAME	WISE, SUZANNE GIBSON	2.2 NAME						
STREET ADDRESS	2960 ROOSEVELT BLVD	2.3 STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 33760	2. 4 CITY-ST-ZIP		1.000				
TITLE	TD □ DELETE	3.1 TITLE	☐ Change ☐ A	ddition				
NAME	CHAPMAN, ROSE	3.2 NAME						
STREET ADDRESS	1970 MAIN	3.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL	3.4. CITY-ST-ZIP						
TITLE	SD DELETE	4.1 TITLE	☐ Change ☐ A	Addition				
NAME	KLEES, PHILIP S	4. 2 NAME						
STREET ADDRESS	3050 BISCAYNE BLVD 8TH FLOOR	4.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ A	Addition				
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY+ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ A	Addition				
NAME		6.2 NAME		ł				
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ALCONOLOUS Electronic Life also and the laborated and the laborate					

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:

SIGNATURE REQUIRED

Date O Date O O O O

40763279

Daytime Phone #

DOE037 (11/08)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable