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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000044481 (7)**
1. Corporation Name
INDIVIDUAL AND FAMILY SERVICES, INC.

| | |
|--|--|
| Principal Place of Business 2401 WEST BAY DR. SUITE 424 - 400 BLDG. LARGO FL 34640 | Mailing Address 2401 WEST BAY DR. SUITE 424 - 400 BLDG. LARGO FL 34640 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | | |
|---|---|--|
| 2. Principal Place of Business 21 2401 WEST BAY DRIVE Suite, Apt. #, etc. 22 Suite 117, Bldg-100 City & State 23 Largo, Florida Zip 24 34640 | 2a. Mailing Address 26 2401 WEST BAY DRIVE Suite, Apt. #, etc. 27 Suite 117, Bldg 100 City & State 28 Largo Florida Zip 29 34640 | Country 25 Pineellas Country 30 Pineellas |
|---|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/14/1994 | 3a. Date of Last Report N/A |
| 4. FEI Number 59-3252077 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**ROSEN, KENNETH
2401 WEST BAY DRIVE
BUILDING 400, SUITE 424
LARGO FL 34640**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Kenneth Rosen |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2401 WEST BAY DRIVE |
| 83 Building 100, Suite 117 |
| 84 City Largo |
| 85 Zip Code FL 34640 |

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 _____ DATE _____
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 DPT | 1.1 TITLE DPT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME ROSEN, KENNETH | 1.2 NAME ROSEN, KENNETH | | |
| STREET ADDRESS 2401 W. BAY DR., STE. 424, BLDG. 400 | 1.3 STREET ADDRESS 2401 WEST BAY DR, STE 117, BLDG. 100 | | |
| CITY - ST - ZIP LARGO FL 34640 | 1.4 CITY - ST - ZIP LARGO FL. 34640 | | |
| TITLE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2.2 NAME | | |
| STREET ADDRESS | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 2.4 CITY - ST - ZIP | | |
| TITLE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 3.2 NAME | | |
| STREET ADDRESS | 3.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 3.4 CITY - ST - ZIP | | |
| TITLE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 4.2 NAME | | |
| STREET ADDRESS | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 4.4 CITY - ST - ZIP | | |
| TITLE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 5.2 NAME | | |
| STREET ADDRESS | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 5.4 CITY - ST - ZIP | | |
| TITLE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 110.07(3)(b), 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 in Block 14 with an address.

SIGNATURE: Kenneth Rosen **KENNETH ROSEN** 4/6/95 (817) 584-4437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)