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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **J81502**

(3)

DEFINE FAMILY CORPORATION, INC. Principal Place of Business Mail-no Address 101 E. MARION AVE. 101 E. MARION AVE. PUNTA GORDA FL 33950-3626 PUNTA GORDA FL 33950 3a. Date of Last Report 3. Date Incorporated or Qualified 06/26/1987 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2831715 Not Applicable 26 Suite Ant. #. etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country $Z \cdot \rho$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEE, H. GREG 2014 4TH ST. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 83 84 85 Zip Code 11. Pursuant to the previsions 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 Stign if we it year time product name of regimence traject and the if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE Change Addition THEF 11 THE DEFINE, ROBERT J., JR. 1.2 NAME NAM: **460 CORONADO** 1.3 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 1.4 City-ST-ZiP C(T) - S1 - 7:P DELETE Change Addition HILE 21 TITLE DEFINE, BONNIE M. 2.2 NAME NAM: 460 CORONADO 2 3 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 2.4 CITY-ST-ZIP CITY-ST-7 DELETE Change Addition TILLE 3.1 TITLE NAVE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TIPLE 4.1 TITLE NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP 011Y - \$1 - 7-P ☐ DELETE Change Addition 51 TITLE TILLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP 001Y-51-2iF DELETE Change Addition 6.1 TITLE THUE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

SIGNATURE:

appears in Block 12

E ANTI VOED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name

Robert J. Define, Jr.

1/17/97 (941)63,020

(96/6)

R2E034

FILED

Mar 04 1997 8:00am

Secretary of State