

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **620998** (5)

1. Corporation Name: **FAMILY LIFE CENTER OF FLORIDA, INC.**



Principal Place of Business: **1550 MADRUGA AVE SUITE 516 CORAL GABLES FL 33146**
Mailing Address: **1550 MADRUGA AVE SUITE 516 CORAL GABLES FL 33146**

2. Principal Place of Business: 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **06/01/1979** 3a. Date of Last Report: **04/18/1995**
4. EIN Number: **59-1913136** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent

**HENRY, JAMES X.
1550 MADRUGA AVE 516 CORAL GABLES, 33146
CORAL GABLES FL 33146**

81 Name: _____
82 Street Address (P.O. Box Number Is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0002 and 607.1506, Florida Statutes, the above named corporate officers submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. Thereby, we accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0002, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENRY, JAMES X		NAME		
STREET ADDRESS	1550 MADRUGA AVE #516		STREET ADDRESS		
CITY, ST, ZIP	CORAL GABLES FL		CITY, ST, ZIP		
TITLE	D	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENRY, JAMES X		NAME		
STREET ADDRESS	1550 MADRUGA AVE #516		STREET ADDRESS		
CITY, ST, ZIP	CORAL GABLES FL		CITY, ST, ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOFFE, WENDY		NAME		
STREET ADDRESS	1550 MADRUGA AVE #516		STREET ADDRESS		
CITY, ST, ZIP	CORAL GABLES FL		CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(4)(c), Florida Statutes. I further certify that the information is based on the information supplied on this annual report or supplemental financial report as of the end of the year 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 registrar 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 deleted in contrast with actual items.

SIGNATURE: *James X. Henry* **JAMES X. HENRY** 4-16-96-305-666-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)