## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 620998

(5)

FAMILY LIFE CENTER OF FLORIDA, INC.

**FILED** Apr 08 1998 8:00am Secretary of State



Principal Place of Business Malling Address								- I INDICE DICIE AIDE DEAL HOUSE COURT ARTS O		/(OII #181F BI	1811 BIBII 1881
1550 MADRUGA AVE. SUITE 516 CORAL GABLES FL 33146			;	1550 MADRUGA AVE. SUITE 516 CORAL GABLES FL 33146			DO NOT WRITE IN	1 THIS S	PACE		
								3. Date Incorporated or Qualified 06/01/1979		_	
2. Principal Place of Business				2a, Mailing Address				4. FEI Number		P	Applied For
21				26				59-1913136			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc				5. Certificate of Status Desired		Fee F	Additional Required
City & State			28					6. Election Campaign Financing Trust Fund Contribution			
Zip	Country			Zip Cou			- 1,100 001,F-1-110 0 0 1 1 1 1 1 0 0		_		
24	25 Name and Address of Current			9 30				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
9, Name and Address of Current Registered Agent							Name	10. Name tind Address of New Regis	stered A	gent	
HENRY, JAMES X.						81	Name				
1550 MADRUGA AVE 516 CORAL G CORAL GABLES FL 33146				ABLES, 33146		82	Street Addre	ess (P.O. Box Number is Not Acceptable	)		
						83					
						84	City		FL	<b>85</b> Zip	Code
office or re	egistored ag	ions of Sections 607.050 jent, or both, in the State th, and accept the obligi	of Flori	ida. Such change was a	authorize	d by	the corporation	oration submits this statement for the pur on's board of directors. I hereby accept t	pose of the appo	changing intment a	its registered is registered
SIGNATURE											
Signature, typed or profed name of registered agent and little if applicable (NOTE Re							eni signature require		DATE		
12.	VST	OFFICERS AN	DDIRE	DELETE	13.	T. C		ADDITIONS/CHANGES TO OFFICE		Change	
TITLE		IAMES V			1.1 To					Change	L. Addition
NAME	HENRY, JAMES X 1550 MADRUGA AVE #516			1.2 N							
STREET ADDRESS	COOM CARLES EL						ADDRESS				ļ,
CITY-ST-ZIP TITLE	D	ONDECO TE		DELETE	2.1 T		ST-ZIP			Change	Addition
NAME		JAMES X			22 N						
STREET ADDRESS		ADRUGA AVE #516					ADDRESS				ļ
CITY-ST-ZIP		GABLES FL					ST-ZIP				
TITLE	PD			DELETE	3.1 11		51-217			Change	Addition
NAME	1	WENDY		<del>_</del>	3.2 N		1			_	_
STREET ADDRESS		ADRUGA AVE #516				_	ADDRESS				
CITY-S1-ZIP	CORAL	GABLES FL					ST-ZIP				
TITLE	<del> </del>			DELETE	4.1 10					Change	Addition
NAME				T	4.21	AME				•	
STREET ADDRESS					4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP							ST-ZIP				
TITLE				☐ DELETE	5 1 T	ITLE				Change	Addition
NAME					5.2 N	AME					
STREET ADDRESS					5.3 \$	TAEET	ADDRESS				
CITY-ST-ZIP					5.4 C	ITY - S	ST-ZIP			_	
TITLE				☐ DELETE	6.1 T	ITLE				Change	Addition
NAME					6.2 N	AME		•			ŀ
STREET ADDRESS					6.3 S	TREET	ADDRESS	•			
CITY-ST-ZIP					6.4 C	ITY-S	T-ZIP				
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