

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

FILED  
Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **638316** (0)  
1. Corporation Name  
**FAMILY SECURITY INSURANCE SERVICES, INC.**



Principal Place of Business <b>23123 STATE RD. 7. STE. 330 BOCA RATON FL 33428</b>	Mailing Address <b>23123 STATE RD. 7. STE. 330 BOCA RATON FL 33428-5407</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1979</b>	3a. Date of Last Report <b>04/10/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-2031627</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>JAFFEE, SIMON S. 10263 BOCA WOODS LANE BOCA RATON FL 33428</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 85 Zip Code

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11 TITLE	12 NAME
PD	JAFFEE, SIMON S.	10263 BOCA WOODS LANE	BOCA RATON FL		
				13 STREET ADDRESS	14 CITY - ST - ZIP
VD	JAFFEE, PHILIP C.	10263 BOCA WOODS LANE	BOCA RATON FL	21 TITLE	22 NAME
				23 STREET ADDRESS	24 CITY - ST - ZIP
S	JAFFEE, BEATRICE	10263 BOCA WOODS LANE	BOCA RATON FL	31 TITLE	32 NAME
				33 STREET ADDRESS	34 CITY - ST - ZIP
AVP	DEBENEDETTO, ROBERT	5740 NW 74TH PLACE APT 101	COCONUT CREEK FL	41 TITLE	42 NAME
				43 STREET ADDRESS	44 CITY - ST - ZIP
				51 TITLE	52 NAME
				53 STREET ADDRESS	54 CITY - ST - ZIP
				61 TITLE	62 NAME
				63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Simon S. Jaffee** 4/7/97 (561) 488-9194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)