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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702244** (5)

1. Corporation Name

FAMILY SERVICE AGENCY INC

Principal Place of Business

Mailing Address

**3830 SW 2ND CT
FT LAUDERDALE FL 33312**

**3830 SW 2ND CT
FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified

04/07/1961

4. FEI Number

59-0824455

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLIN, BRUCE C.
3830 SW 2ND CT
FT. LAUDERDALE FL 33312**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BREWER, DIANE	
STREET ADDRESS	1107 SE 6TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MEYERS, SISTER JUDITH	
STREET ADDRESS	4841 NE 20TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARKSON, JOANNA	
STREET ADDRESS	2855 NE 60TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALLIN, BRUCE C	
STREET ADDRESS	1431 NE 17TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JUDITH HENRY	
1.3 STREET ADDRESS	11917 N.W. 24th STREET	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
2.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JULIE COBB	
2.3 STREET ADDRESS	3100 N. OCEAN BLVD. #1202	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CATHY BIERMAN	
3.3 STREET ADDRESS	1251 S.W. 68th AVENUE	
3.4 CITY-ST-ZIP	PLANTATION, FL 33317	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed (or of an attachment) with an address.

SIGNATURE:

Bruce C. Wallin

2/19/98

CF2E037 (10/97)