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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702244

1. Corporation Name

FAMILY SERVICE AGENCY INC

Principal Place of Business
**3830 SW 2ND CT
FT LAUDERDALE FL 33312**

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/07/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0824455
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENRY, JUDITH		1.2 NAME	
STREET ADDRESS 11917 N.W. 24TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	
TITLE VCD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COBB, JULIE		2.2 NAME	
STREET ADDRESS 3100 N OCEAN BLVD, #1202		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33308		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARKSON, JOANNA		3.2 NAME	
STREET ADDRESS 2855 NE 60TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLIN, BRUCE C		4.2 NAME	
STREET ADDRESS 1431 NE 17TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIERMAN, CATHY		5.2 NAME	
STREET ADDRESS 1251 S.W. 68TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL 33317		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE C. WALLIN, PRESIDENT/CEO 1/26/99 (954) 587-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)