

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

**FILED**  
**Jan 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838399 (4)**  
 1. Corporation Name  
**FAMILY CENTER, INC.**



Principal Place of Business <b>2 PARAGON DRIVE                  ATTN: TAX DEPARTMENT                  MONTVALE NJ 07645</b>	Mailing Address <b>2 PARAGON DRIVE                  ATTN: TAX DEPARTMENT                  MONTVALE NJ 07645-1718</b>
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3. Date Incorporated or Qualified <b>05/11/1977</b>	3a. Date of Last Report <b>01/24/1996</b>
4. FEI Number <b>22-2121119</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOBSON, DONALD	
STREET ADDRESS	2 PARAGON DR	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CORRADO, FRED	
STREET ADDRESS	2 PARAGON DR	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ULRICH, ROBERT G.	
STREET ADDRESS	2 PARAGON DR	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COURTNEY, TIMOTHY J.	
STREET ADDRESS	2 PARAGON DR	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HART, NED	
STREET ADDRESS	2 PARAGON DR	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MURTHA, RICHARD	
STREET ADDRESS	2 PARAGON DR.	
CITY - ST - ZIP	MONTVALE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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, changed, or on an attachment with an address.

SIGNATURE:  **TIMOTHY J. COURTNEY** 1-8-97 201-573-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)