

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838399 (4)
 1. Corporation Name
FAMILY CENTER, INC.



Principal Place of Business 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE NJ 07645	Mailing Address 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE NJ 07645
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1977	
21	26	4. FEI Number 22-2121119		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	30		

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
				FL	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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBSON, DONALD	1.2 NAME	Glenn Dickson
STREET ADDRESS	2 PARAGON DR	1.3 STREET ADDRESS	2 Paragon Drive
CITY-ST-ZIP	MONTVALE NJ	1.4 CITY-ST-ZIP	Montvale, New Jersey 07645
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRADO, FRED	2.2 NAME	
STREET ADDRESS	2 PARAGON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, ROBERT G.	3.2 NAME	
STREET ADDRESS	2 PARAGON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTNEY, TIMOTHY J.	4.2 NAME	
STREET ADDRESS	2 PARAGON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, NED	5.2 NAME	
STREET ADDRESS	2 PARAGON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTHA, RICHARD	6.2 NAME	
STREET ADDRESS	2 PARAGON DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	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)(l), 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: *Robert G. Ulrich* 1-16-98 (20) 573-9700

CF2E034 (10/97)