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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J27067

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FAMILY TIES, INC.

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S, INC.

FILED
May 01 1997 8:00am
Secretary of State

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- FIRE FAIR BAIR CIRCLES AND SERVER BAIR SERVER	! Albii Bebi! Albii Albii Biali Gible ibbl
- I INAPARA KATA ILIPE ISBU KATA BATA ILIP	: Blais Birl: Bibir Birl: Blais Birli Birli II Bl
- (l Binci Biril Biril Mario Biril Biril Biril Indi

Principal Place	e or business	Mailing Address					w		*****
70 PLOVER PL (PALM HARBOR, FL 34883) P.O. BOX 825 CRYSTAL BEACH FL 34881		P.O. BOX 825	70 PLOVER PL (PALM HARBOR, FL 34683) P.O. BOX 825 CRYSTAL BEACH FL 34681 0825						
ORIGINE BEAC	717 F 34007	ONIGINE DENOTITE	. 04001 0023			3. Date Incorporated or Qualified	Sa. Dat	e of Last F	Report
1						08/04/1986	1 .	7/1996	
2 Principal P	lace of Business	2a. Mailing Addres	<u> </u>			4. FEI Number	1 09/1		oplied For
<u></u>	idoc of Eddinos	26				59-2842604			ot Applicable
Suite, Apt	# atc	Suite, Apt. #, et	· · · · · · · · · · · · · · · · · · ·			39 2042004			Additional
22	" , etc	27	0.			6. Certificate of Status Desired			equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Z ip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30] No	
	9. Name and Address of Cui	rrent Registered Agent			····	10. Name and Address of New Re	gistered A	gent	
KOV	ACH, THOMAS A			81	Name				ļ
70 P	PLOVER PL			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
PALI	M HARBOR FL 34684				000000000	, do in the factor of the fact	,,,,		
}				B3					
					O:1.			loc 7	Codo
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508. Florida	Statutes, the a	bove	named cor	poration submits this statement for the p	ourpose of	changing i	ts registered
office or r	egistered agent, or both, in the S	tate of Florida. Such change	was authorize	d by	the corpora	tion's board of directors. I hereby acce	ot the appo	ointment as	registered
agentira	im tamiliar with, and accept the or	oligations of, Section 607.05	US, Florida Stat	(VIG8	i.				į
SIGNATURE	Signature, typed or printed name of registered	d appel and life face inable	/NOTE: Basistara	d Ace	nt nionatura regu	ired when reinstating)	DATE		
12.		AND DIRECTORS	13.	0 - 450	in algricians redo	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PD	DELE		TLE				Change	Addition
NAME	KOVACH, THOMAS		1.2 N		1				<u></u>
STREET ADDRESS	70 PLOVER PL				ADDRESS				
	PALM HARBOR FL				1				1
CHY-ST-ZIP TITLE	STD	DELE		114'-S	1-21			Change	☐ Addition
	KOVACH, KAREN	C pret			ŀ			CT OWNER	
NAM:	70 PLOVER PL		2.2 NJ						Ì
STREET ADORESS	PALM HARBOR FL				ADDRESS	4*			
CITY-ST-ZIP	FALM FIARBON FL	T I Bruc			ST-ZIP	·		Change	- Addition
THEF		☐ DELE	1					Change	Addition
NAME			3.2 N				•		
STREET ADDRESS			3.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	MIA				51 - ZIP				
TITLE		☐ DELE	TE 4.1 TI	TLE				Change	☐ Addition
NAME			4.2 N	IAME	1				ļ
STREET ADDRESS			4.3 S	TRE ET	ADDRESS				ļ
C(TY-ST-Z)P			4.4 CI	ITY-S	T-ZIP				
TITLE		DELE	TE 5.1 Tr	TLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				·
CITY-ST-ZIP				лy-\$	- 1)
THUE		☐ DELE						Change	Addition
NAME			6.2 N						
					ADDRESS				
STREET ADORESS									İ
CITY - 5T - 2IF			6.4 CI	ITY • S	1 • 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 3 if changed, or organ hyachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23 /5) (813) 787 :