


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34822 (9) 1. Corporation Name OUR FATHER'S BUSINESS, INC.			
Principal Place of Business % BROWN, GREGORY 215 SW 12TH ST DANIA FL 33004-4229		Mailing Address % BROWN, GREGORY 215 SW 12TH ST DANIA FL 33004-4228	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/23/1989		3a. Date of Last Report 04/25/1996	
4. FEI Number 65-0153793		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BROWN, GREGORY C 215 SW 12 ST DANIA FL 33000		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	ST <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	BROWN, CANDELARIA	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	215 SW 12 ST.	1.2 NAME	WOLF, RICHARD
CITY-ST-ZIP	DANIA FL 33004	1.3 STREET ADDRESS	2932 N. 33 TERRACE
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
NAME	ERLSTEN, CECILE M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3101 NE 47 CT	2.2 NAME	
CITY-ST-ZIP	FT LAUDERDALE FL	2.3 STREET ADDRESS	
TITLE	PD <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN GREGORY,	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	215 SW 12 ST.	3.2 NAME	
CITY-ST-ZIP	DANIA FL 33004-4229	3.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHITELLI, SCOTT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7766 PANAMA ST	4.2 NAME	
CITY-ST-ZIP	MIRAMAR FL 33021	4.3 STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONS, TERRENCE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4200 NW 3RD CT #226	5.2 NAME	
CITY-ST-ZIP	PLANTATION FL 33317	5.3 STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENNY, LLOYD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20547 OLD CUTLER ROAD	6.2 NAME	
CITY-ST-ZIP	MIAMI FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory C. Brown* 65-0153793 C. BROWN 4-23-97 (954) 922-7461
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022430

CR2E037 (9/96)