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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004921 (1) 1. Corporation Name THE ASSOCIATION OF FAMILY LAW PROFESSIONALS, INC					
Principal Place of Business 1715 MONROE STREET P.O. BOX 280 FT. MYERS FL 33902-0280			Mailing Address P.O. BOX 1966 FORT MYERS FL 33902-1966 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/17/1995 4. FEI Number 65-0619193 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent HELGEMO, STEPHEN L 1715 MONROE STREET P.O. BOX 280 FT MYERS FL 33902-0280			
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 FL		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	CO-P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINMAN, SHELDON E		1.2 NAME	HELGEMO, Stephen L.	
STREET ADDRESS	P.O. BOX 1380 NA		1.3 STREET ADDRESS	1715 Monroe Street	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	CO-P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President (PD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEALS, JAMES H		2.2 NAME	Hon. Hugh E. Starnes	
STREET ADDRESS	1700 MONROE STREET		2.3 STREET ADDRESS	1700 Monroe Street	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary (PD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCIVER, WILLIAM C		3.2 NAME	HAVERFIELD, William T.	
STREET ADDRESS	1700 MONROE STREET		3.3 STREET ADDRESS	1833 Hendry Street	
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP	Fort Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer (PD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHREIBER, LEE A.		4.2 NAME	SOWERS, J. Michael	
STREET ADDRESS	3949 EVANS AVENUE SUITE 208		4.3 STREET ADDRESS	1470 Royal Palm Square	
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP	Fort Myers, FL 33901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METHENY, MARVIN L		5.2 NAME		
STREET ADDRESS	1835 HENDRY STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		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		

SIGNATURE:

STEPHEN L. HELGEMO 3-2-98 941-334-4121

CR2E037 (10/97)