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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002233 (2)

1. Corporation Name

PROJECT FAMILYBUILD, INC.



Principal Place of Business 21958 SW 124 PLACE MIAMI FL 33170	Mailing Address 21958 SW 124 PLACE MIAMI FL 33170-2736
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 PO Box 700711 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 05/13/1996		3a. Date of Last Report N/A	
21		26		4. FEI Number 65-0667857		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ADAMS, GEROGE G JR 21958 SW 124 PLACE MIAMI FL 33170		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	
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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 George Adams, Executive Director George Adams 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DELETE	1.1 TITLE	Change Addition
NAME	JAMES L. GOODEN	1.2 NAME	JAMES L. Gooden
STREET ADDRESS	16929 SW 104 AVE	1.3 STREET ADDRESS	16929 SW 104 AVE
CITY-ST-ZIP	MIAMI, FL. 33157	1.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	DELETE	2.1 TITLE	Change Addition
NAME	CURLEY JOHNSON	2.2 NAME	CURLEY JOHNSON
STREET ADDRESS	21958 SW 124 PL	2.3 STREET ADDRESS	21958 SW 124 PL
CITY-ST-ZIP	MIAMI, FL. 33170	2.4 CITY-ST-ZIP	MIAMI, FL 33170
TITLE	DELETE	3.1 TITLE	Change Addition
NAME	KELVIN BURNES	3.2 NAME	KELVIN BURNES
STREET ADDRESS	21850 SW 118 AVE	3.3 STREET ADDRESS	21850 SW 118 AVE
CITY-ST-ZIP	MIAMI, FL. 33170	3.4 CITY-ST-ZIP	MIAMI, FL. 33170
TITLE	DELETE	4.1 TITLE	Change Addition
NAME	TED MCKINNON	4.2 NAME	TED MCKINNON
STREET ADDRESS	9955 W 118th St	4.3 STREET ADDRESS	9955 W 118th St
CITY-ST-ZIP	MIAMI, FL. 33157	4.4 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 George Adams, Executive Director George Adams 4/28/97

CR2E037 (9/96)