

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004874 (1)**

1. Corporation Name

DIVORCING FAMILY SERVICES, INC.

97 SEP 26 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
STE. 26, 7900 RED RD. SOUTH MIAMI FL 33143	STE. 26, 7900 RED RD. SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 7600 Red Road		26 7600 Red Road		09/19/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 210		27 210		31-1526147		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 South Miami FL		28 South Miami FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. 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	
24 33143	25 US	29 33143	30 U.S.				

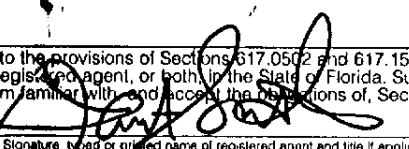
9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name	Janet S. Seitlin, Esquire		
82 Street Address (P.O. Box Number is Not Acceptable)	7600 Red Road		
83 Suite	Suite 210		
84 City	South Miami	85 Zip Code	FL 33143

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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE:  DATE: 8.6.97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STEINBERG	1.1 TITLE	ADMINISTRATOR
NAME	STEINBERG, ROBERT S	1.2 NAME	SEITLIN, JANET S.
STREET ADDRESS	STE. 26, 7900 RED RD.	1.3 STREET ADDRESS	STE 210, 7600 Red Road
CITY-ST-ZIP	SOUTH MIAMI FL 33143	1.4 CITY-ST-ZIP	South Miami, FL 33143
TITLE	D	2.1 TITLE	
NAME	ROSEN, MARSHA C	2.2 NAME	
STREET ADDRESS	STE. 2350, 200 S. BISCAYNE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LATUS, MELISSA	3.2 NAME	
STREET ADDRESS	120 NE 91ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	3.4 CITY-ST-ZIP	
TITLE	(D) STEINBERG, ROBERT S	4.1 TITLE	
NAME	STE. 26, 7900 Red Rd.	4.2 NAME	
STREET ADDRESS	South Miami, FL 33143	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	(D) JOYCE GALYA	5.1 TITLE	
NAME	11415 SW 113 TERR.	5.2 NAME	
STREET ADDRESS	MIAMI, FL 33176	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 from the information filed with an address.

SIGNATURE:  SIGNATURE REQUIRED

CR2E037 (4/97)