

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000009019 (9)

1. Corporation Name:
FAMILY LIBRARY, INC.



Principal Place of Business: **4753 FOUNTAINS DRIVE S. LAKE WORTH FL 33467**
Mailing Address: **4753 FOUNTAINS DRIVE S. LAKE WORTH FL 33467**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/05/1993	3a. Date of Last Report 01/17/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FET Number 65-0394676	Applied For / Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**UNDERBERG, EUGENE M
521 LAKE AVE.
SUITE 11
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0500 and 607.1008, 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 I accept the obligations of Section 607.030, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
1. TITLE <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: D LANDSMAN, RICHARD	2. NAME
3. STREET ADDRESS: 4753 FOUNTAINS DRIVE S.	3. STREET ADDRESS
4. CITY, ST, ZIP: LAKE WORTH FL 33467	4. CITY, ST, ZIP
5. TITLE <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY, ST, ZIP	8. CITY, ST, ZIP
9. TITLE <input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. TITLE <input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY, ST, ZIP	16. CITY, ST, ZIP

14. I do hereby certify that the information supplied herein is voluntary furnished and does not comply for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on the annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or block 13 of changes or on an attachment to an address.

SIGNATURE: *Richard Landsman* **1/18/96** **407-964-0880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)