FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

95 MAY 11 PM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083464 (6)

FOCUS ON FAMILY FINANCES, INC.

Principal Office Address	Mailing Address
224 N FEDERAL HWY FT LAUDERDALE FL 33301	224 N FEDERAL HWY SUITE 4 FT LAUDERDALE FL 33301 US

PLEASE TYPE IN THIS SPACE

3. Date Incorporated / Qualified: 11/29/1993
3a. Date of Last Report: 06/23/1994

2. Principal Office Address
21 11934 S W 78th Terrace
Suite Apt # or Bldg
22
City & State
23 Miami, Florida
Zip
24 33183
County
25 Dade

2a. Mailing Address
26 11934 S W 78 Terrace
Suite Apt # or Bldg
27
City & State
28 Miami, Florida
Zip
29 33183
County
30 Dade

4. FEI Number: 65-0455316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. The corporation has been in existence for less than 6 months Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SETZER, ROBERT W 10300 SW 72ND ST SUITE 265 MIAMI FL 33173	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 11934 S W 78th Terrace 83 84 City: Miami FL 85 Zip Code: 33183

11. Pursuant to the provisions of Section 607.1005 and/or 607.1008 Florida Statutes, this 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 607.325 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
D SETZER, ROBERT W 11934 SW 78TH TER MIAMI FL 33173	☒ Change ☐ Addition MIami, Fl. 33183
~~D~~ ~~CUSANO, LEONARD M~~ ~~224 N FEDERAL HWY~~ ~~FT LAUDERDALE FL 33301~~	☒ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, accurate and complete. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address.

SIGNATURE: R. W. SETZER 5/5/95 305 598 3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

020A091 CP