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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051971

1. Corporation Name
FAMILY EXTENSIONS, INC.

Principal Place of Business

~~1700 N DIXIE HWY~~
~~126~~
~~BOCA RATON FL 33432~~
~~US~~

Mailing Address

1700 N DIXIE HWY
126
BOCA RATON FL 33432
US

2. Principal Place of Business

21 **850 North East Spanish River**

Suite, Apt. #, etc.
BLVD #41

22 City & State

BOCA RATON, FL

23 Zip

33431

Country

US

2a. Mailing Address

Same

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1994

4. FEI Number

65-0513431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZEMEL AND KAUFMAN, P.A.
2875 N.E. 101ST ST.
SUITE 304
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

ZEMEL AND KAUFMAN P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

4700 B. SHERIDAN ST

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE **PS** ☐ DELETE

NAME **WALLACH, MAXINE J**

STREET ADDRESS **850 N.E. SPANISH RIVER BLVD.**

CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maxine J. Wallach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maxine J. Wallach
Date **1/99**

561-250-9696
Daytime Phone #

CR2E034 (1/1/98)