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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400068129 (3)

HEIKKINEN FAMILY SERVICES, P.A.

FILED Apr 03 1997 8:00am Secretary of State



| | e of Business | Mailing Address | | | C CONTINUE COM LANCE ACTURE AND IN MAINT | | |
|--|---|---|--|--|--|---------------------------|---|
| 701 EAST COMMERCIAL BLVD. FT LAUDERDALE FL 33334 | | | 701 EAST COMMERCIAL BLVD. FT LAUDERDALE FL 33334-3240 | | | | |
| 1 | | | | | Date Incorporated or Qualified 09/15/1994 | 3a. Date of L 07/15/19 | |
| | lace of Business | 2a. Mailing Addres | S | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 65-0529059 | | Not Applicable |
| Suite, ApL : | #, e(c. | Suite, Apt. #, et | te. | | 6. Certificate of Status Desired | | .75 Additional se Required |
| City & State | 0 | City & State | | | 8. Election Campaign Financing | \$5 | .00 May Be |
| 23 | - vs. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (| 28 | | | Trust Fund Contribution | □ Ac | ided to Fees |
| Zip | Country | Zip | | intry | 8. This corporation has liability for in | | der s. 199.032, |
| 24 | 25 9. Name and Address of Cur | 29 29 Accept Accept | 30 | | Florida Statutes 10. Name and Address of New Rec | Yes No | |
| | | ieur vediereten väeur | | 81 Name | 10. Name and Address of New As | listaian wäaur | |
| | KKINEN, JANE | | | Vi Name | | | |
| 701 EAST COMMERCIAL BLVD. FT LAUDERDALE FL 33334 | | | | | dress (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 City | | 85 | Zip Code |
| | | 0500 1000 -500 5 | A | | rporation submits this statement for the pr | FL °° | |
| once or i | or familiar with and accord the of | oligations of, Section 607.05 | i05 Florida Sta | u by the corpora | ation's board of directors. I hereby accep | t the appointme | int as registered |
| SIGNATURE | , | | | | ired when rainstating) | DATE | |
| SIGNATURE | Signature Typed or protect run e of registerer | Lagent and title if applicable. | (NOTE Registere | | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE ERS AND DIREC | CTORS IN 12 |
| SIGNATURE | Signature Typed or protect run e of registerer | | (NOTE Registere | d Agent signature requ | uited when reinstating) ADDITIONS/CHANGES TO OFFICE | | |
| SIGNATURE | Signature Types or protect ran e of registerer OFFICERS | agent and title if applicable. AND DIRECTORS | (NOTE Registere | d Agent signature requ | | ERS AND DIREC | |
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I do hereby certify that fire Nformation 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 innual 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 of an attactment with an address.

SIGNATURE:

CHILD THE HEIKKing 3 17/96 (954) 938-00 CHILDREN OF BIGHING OFFICER OR DIRECTOR