

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000092106 (1)

1. Corporation Name

FAMILY PROTECTION NETWORK, INC.

Principal Place of Business	Mailing Address
7596 CENTURION PARKWAY JACKSONVILLE FL 32256	7596 CENTURION PARKWAY JACKSONVILLE FL 32256

3. Date Incorporated or Qualified 12/21/1994		3a. Date of Last Report N/A	
4. FEI Number 59-3288051		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 10475 Fortune Parkway	25	Suite, Apt. #, etc.	
22 City & State Jacksonville, Florida		27 City & State	
24 32256	25 USA	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAX CO. 50 NORTH LAURA STREET 3400 BARNETT CENTER JACKSONVILLE FL				81 Name	Lisa Ormand		
				82 Street Address (P.O. Box Number is Not Acceptable)	7596 Centurion Parkway		
				83			
				84 City	Jacksonville	85 Zip Code	FL 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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: Lisa Ormand Lisa Ormand - Secretary DATE: 4/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, PAUL G	1.2 NAME	
STREET ADDRESS	7596 CENTURION PARKWAY	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CEO
STREET ADDRESS		2.3 STREET ADDRESS	Dorothy S. Schechter
CITY ST ZIP		2.4 CITY ST ZIP	7596 Centurion Parkway Jacksonville, Florida 32256
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	P
STREET ADDRESS		3.3 STREET ADDRESS	George A. Wisnovsky
CITY ST ZIP		3.4 CITY ST ZIP	10475 Fortune Parkway Jacksonville, Florida 32256
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP
STREET ADDRESS		4.3 STREET ADDRESS	Peter C. Daum
CITY ST ZIP		4.4 CITY ST ZIP	10475 Fortune Parkway Jacksonville, Florida 32256
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S
STREET ADDRESS		5.3 STREET ADDRESS	Lisa Ormand
CITY ST ZIP		5.4 CITY ST ZIP	7596 Centurion Parkway Jacksonville, Florida 32256
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Lisa Ormand Lisa Ormand - Secretary DATE: 4/6/95

(904) 928-1841

LW 4-12-95