

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified 12/21/1994

3a. Date of Last Report 04/12/1995

4. FEI Number 59-3288051

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ORMAND, LISA
7596 CENTURION PARKWAY
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 type for printed name of registered agent and new applicant

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAHN, PAUL G	
STREET ADDRESS	7596 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SCHECHTER, DOROTHY S	
STREET ADDRESS	7596 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WISNOVSKY, GEORGE A	
STREET ADDRESS	10475 FORTUNE PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DAUM, PETER C	
STREET ADDRESS	10475 FORTUNE PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ORAMND, LISA	
STREET ADDRESS	7596 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Eugene Miller	
13 STREET ADDRESS	7596 Centurion Parkway	
14 CITY-ST-ZIP	Jacksonville, FL 32256	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Francis J. Marino	
23 STREET ADDRESS	7596 Centurion Parkway	
24 CITY-ST-ZIP	Jacksonville, FL 32256	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	G. Thomas Frankland	
33 STREET ADDRESS	7596 Centurion Parkway	
34 CITY-ST-ZIP	Jacksonville, FL 32256	
41 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Lisa Ormand	
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Robert M. Frechette	
63 STREET ADDRESS	7596 Centurion Parkway	
64 CITY-ST-ZIP	Jacksonville, FL 32256	

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 119.07(3)(k), 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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-96

(904) 218-1841

CR2E034 (3/96)