FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018616 (9)

NATIONAL FAMILY SERVICE ASSOCIATION INC.

FILED
May 09 1997 8:00am
Secretary of State

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rincipa race or basiless Maing Address					- 1								
30 N. TROPICAL TRAIL MERRITT ISLAND FL 32953		30 N. TROPICAL TRAIL MERRITT ISLAND FL 32953-4735											
								3. Date incorporated or Qualified 03/06/1995			3a. Date of Last Report 07/01/1996		
2. Principal	Place of Business	2a.	Mailing Address					4. FEI Nu	mber	<u> </u>			pplied For
21		26						59-3	301026			N	lot Applicable
Suite, Ar 22	nt #, etc.	27	Suite, Apt. #, etc.					5. Certific	ate of St	atus Desired			Additional lequired
City & St	ale:	1	City & State					6. Electio	n Campa	ign Financing		\$5.00	May Be
23		28						Trust F	und Con	tribution			to Fees
Zip 24	Country 25	29	Zip	30 Cou	ntry	:		Florida	Statutes		X Yes	□ No	ş. 199.032,
	9. Name and Address of Curr	ent Regist	tered Agent					10. Name	and Add	ress of New F	legistere	J Agent	
30	rk, ronald G Sr. N. Tropical Trail			- 1	81 82	Name Street A	Addres	s (P.O. Box	Number	is Not Accept	able)	· · · · · · · · · · · · · · · · · · ·	
ME	ARITT ISLAND FL 32953			L				.,					
		•			83								
i				Ì	84	City						85 Zip	Code
	of to the provisions of Sections 607.0 r registered agent, or both, in the Sta am familiar with, and accept the ob-	roc 100									F		
SIGNATURE	Signal activation throted have of registered			OTE: Registered	l Agei	nt signature i	required t				DATE		
12.	OFFICERS A	AND DIREC	DELETE	13.				ADDITK	JNS/CHA	NGES TO OFF	ICEHS AN		
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CITY - ST - ZIP	COCOA FL					ADORESS							
Tille	ST		DELETE	1.4 CIT 2.1 TIT		1-214						Change	Addition
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STREET ACCURES	AGAA LIABARALIAR AT					ADDRESS							
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STREET ACTURESS	3			i i		ADDRESS							
C(F) - S2 - 7(P)				6.4 CIT									
44	4			- V T V/I	, ,,	E17							

4. I do 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.

SIGNATURE: A CHIEF CHIEF

4-30-97 (407) 4591091