

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000066646 (7)**

1. Corporation Name
MY FAMILY, INC.



Principal Place of Business 720 E BAY DRIVE LARGO FL 34840	Mailing Address 720 E BAY DRIVE LARGO FL 33770-3724
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3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3332440	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SUROVICK, JAMES A SR 9925 ULMERTON RD, LOT #405 LARGO FL 34841	10. Name and Address of New Registered Agent 81 Name JAMES A. SUROVICK JR. 82 Street Address (P.O. Box Number is Not Acceptable) 9925 ULMERTON RD # 18 83 84 City LARGO FL 85 Zip Code 33771
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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]* U.P. DATE **X/1/9/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V.PRES & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUROVICK, JAMES A SR		1.2 NAME JAMES SUROVICK JR.	
STREET ADDRESS 9925 ULMERTON ROAD #405		1.3 STREET ADDRESS 9925 ULMERTON RD #18	
CITY-ST-ZIP LARGO FL 34841		1.4 CITY-ST-ZIP LARGO FL 33771	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUROVICK, ANGELINE		2.2 NAME	
STREET ADDRESS 9925 ULMERTON ROAD #405		2.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL 34841		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *[Signature]* **REQUIRED** 1/9/97 X (813) 586-2710

CR2E034 (9/96)