

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

FILED
May 12 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 # P96000017943 (7)
 1. Corporation Name
FOUR FAMILIES, INC.



Principal Place of Business 559 SO. COUNTRY CLUB DRIVE LAKE MARY FL 32746	Mailing Address 559 SO. COUNTRY CLUB DRIVE LAKE MARY FL 32746-3917
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report
21 POST OFFICE BOX 125	26 POST OFFICE BOX 125	4. FEI Number 59-3364840		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 ORMOND BEACH, FLORIDA	28 ORMOND BEACH, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32175	25 USA	29 32175	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ROSIER, JOSEPH A
559 SO. COUNTRY CLUB DRIVE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name DOUGLAS WALL
82 Street Address (P.O. Box Number is Not Acceptable) 2 ROBIN COURT
83
84 City ORMOND BEACH
85 Zip Code FL 32174

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: *Douglas R. Wall* DATE: **4-28-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSIER, JOSEPH A	
STREET ADDRESS	559 SO. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOUGLAS WALL	
1.3 STREET ADDRESS	2 ROBIN COURT	
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUSI WHITE	
2.3 STREET ADDRESS	50 CROWLIDGE	
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SUSIE SHAEFER	
3.3 STREET ADDRESS	1102 SHERBORN WAY	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
4.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA COOPER	
4.3 STREET ADDRESS	5388 TURTON LANE	
4.4 CITY-ST-ZIP	HARBOR OAKS, FL 32127	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Douglas R. Wall* DATE: **4-28-97**

CR2E034 (9/96)