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

PROFIT---CORPORATION **ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 18 1998 8:00am Secretary of State

	IMENT # <b>P9600</b> on Name FAMILIES, INC.	0017943 (7)			NOK 1886 SENI SINSA HAK MEN
Principal Pla	ce of Business	Mailing Address	···	{	I BAR TANDA DARA DINAN DINA TORT
P O BOX 125 ORMOND BEACH FL 32175 US		P O BOX 125 ORMOND BEACH FL 321 US	175	DO NOT WRITE IN THI	S SPACE
		-		3. Date Incorporated or Qualified	
				02/26/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<del></del>	59-3364840	Not Applicable
Suite, Apt	: #, etc.	Suite, Apt. #. etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes 🗌 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
	ALL, DOUGLAS		81 Name		
2 ROBIN COURT			82 Street Add	et Address (P.O. Box Number is Not Acceptable)	
O	RMOND BEACH FL 32174				
			83		
			84 City		85 Zip Code
				F	<b>L</b>
office or	t to the provisions or Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obl-	te of Florida. Such change was	authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered as	78100	E. Registered Agent signature requ	irred when reinstating) DATE	<del></del>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	NOOTHONG OF WINDERS TO OFFICE NO A	Change Addition
NAME	WALL, DOUGLAS		1.2 NAME		}
STREET ADDRESS	2 ROBIN COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		]
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	WHITE, SUSI		2.2 NAME		
STREET ADDRESS	50 COOLIDGE		2 3 STREET ADDRESS		
CITY-\$T-ZIP	ORMOND BEACH FL		2 4 CITY-ST-ZIP		
TITLE	CHAFFEED CHOIC C'	☐ DELETE	3.1 TITLE		Change Addition
NAME	SHAEFFER, SUSIE SUZ. 1102 SHERBOURNE WAY	, c	3.2 NAME		
STREET ADDRESS	ORMOND BEACH FL		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD VD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	COOPER, BARBARA				Gridings Mudicipin
STREET ADDRESS	PAGE TURNEDAL LANC		4. 2 NAME 4.3 STREET ADDRESS		Ì
CITY-ST-ZIP	HARBOR OAKS FL		4.3 STHEET ADDRESS		ļ
TITLE		DELETE	51 TIPLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY - ST - ZIP		}
TITLE		☐ D£LETE	61 TITLE		Change Addition
NAME			62 NAME		Ì
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		
44 I hereby	cortifu that the information aurentiad	with this filing door not musliful.	or the exemption stated in	Section 119.07(2)(i) Florida Statutos I further	cortify that the information

Interest certify that the information supplied with this filing does not quality 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.

Suzie Shaeffer 4.28-98 904-672-7459
ODINECTOR Date Dogs ODE DOGS O