PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042722

2. Principal Place of Business

FAMILY DIVERSITY, INC.

Principal Place of Business	Mailing Address	
X XXXXXX K	4960X 930X 72 XVE.	
395. Missil Ft 33155	X891 MAMERIX 351X5X	

2a. Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90036 010 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/15/1996

4. FEI Number

21 1514	4 San Ignacio	26	1514 Sai	т тап	dC.	10	65-0666836		No	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
250	والمرابع والمستراط والمحارب	27	-250				3. Certificate of Status Desired	~	Fee Re	quired
City & Stat	al Gables, FL	28	City & State Coral Ga	ables	, I	řL	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	- ,
Zip	Country	1	Zip	Co	untry		8. This corporation owes the curre	nt year Inta	angible	
3314	6 25 USA	29	33146	30	US/	Ą	Personal Property Tax.	•	XYes	□No
	9. Name and Address of Current I		tered Agent	1			10. Name and Address of New R	egistered /	Agent	
·					81	Name				
STE	ENO, JULIE A				100	04	(D.O. Barrish and Advanta	hla)		
6596	S S.W. 63 TERR.				82	Street Add	ress (P.O. Box Number is Not Accepta	bie)		
	E 212				83			_	, -	
	VII FL 33143				Ш					
					84	City		FL	85 Zip (Code
	to the provisions of Sections 607:0502:	4.0	07.4800×Ft=34-:04-	A		named and	acertical at the lite at a toward for the		chenging its	registered.=
office or r	agistared agent or both in the State of	Florid	ta. Such change wa	s authonze	d by	tne comorati	ion's board of directors. I hereby accep	t the appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of	, Section 607.0505,	Florida Sta	tutes.	•				
SIGNATÚRE	•									
	Signature, typed or printed name of registered agent a					t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	DS IN 12
12.	OFFICERS AND	DIRE		13			ADDITIONS/CHANGES TO OFF	-ICERS AN	Change	Addition
TITLE	PD		☐ DELETE		TTLE				☐ Change	
NAME	STEENO, JULIE A			1.21	IAME					
STREET ADDRESS	6569 S.W. 63 TERR.			1.3 9	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			1,4 (TY-ST	- ZIP				
TITLE	STD		· 🗀 DELETE	2.1	TTLE	1			☐ Change	☐ Addition
NAME	TITUS, NANCY ELLEN			2.21	AME					
STREET ADDRESS	5765 S.W. 77 TERR.			2.3	TREET	ADDRESS				
CITY-ST-ZIP	SOUTH MIAMI FL			2.4	CITY-S	T-ZIP				
TITLE			☐ DELETE	3.1	MLE				Change	☐ Addition
NAME				3.21	AME					
STREET ADDRESS	,			3.3	TREET	ADDRESS				
CITY-ST-ZIP	_			3.4.	CITY-S	T-ZIP	•			
TITLE			☐ DELETE		TILE	- I .			Change	☐ Addition
NAME				4. 2	NAME					
STREET ADDRESS						ADDRESS				
					CITY-ST					
CITY-ST-ZIP TITLE			☐ DELETE		MLE				☐ Change	Addition
NAME					VAME				=	
				5.3	STREET	ADDRESS		•		
STREET ADDRESS					CITY-\$1					
CITY-ST-ZIP			☐ DELETE		TITLE				Change	Addition
TITLE					NAME	}				
NAME	·							•		
STREET ADDRESS	ł					ADDRESS				
CITY-ST-ZIP					CITY-ST				PE 11 1.11 1	
14. I hereby	certify that the information supplied with	this f	iling does not qualify	for the ex	empti	on stated in	Section 119.07(3)(i), Florida Statutes.	turther cer	tny that the i	ntormation

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 ar officer or director of the corporation or the receiver or trades 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 attact pent trip are sidness, with all other like empowered.

SIGNATURE: