

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

FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Santora B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042834 (7)

1. Corporation Name
M & G FAMILY SERVICES, INC.



Principal Place of Business 22346 S.W. 103 COURT MIAMI FL 33190	Mailing Address 22346 S.W. 103 COURT MIAMI FL 33190-1425
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3. Date Incorporated or Qualified 05/13/1996	3a. Date of Last Report
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2. Principal Place of Business 21 7911 NW 72 AVE.	2a. Mailing Address 26 8357 W. FLAGLER ST.
Suite, Apt. #, etc. 22 #220 B	Suite, Apt. #, etc. 27 #366
City & State 23 MEDLEY, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33166	Country 25 U.S.A.
Zip 29 33144	Country 30 U.S.A.

4. FEI Number 65-0667822	<input checked="" type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PINES, HEIDI
6990 S.W. SIXTH COURT
MIAMI FL 33324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 *Heidi Pines* DATE **3/1/97**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/TREASURE	<input type="checkbox"/> DELETE
NAME	EUNICE HENRY	
STREET ADDRESS	22346 S.W. 103 CT.	
CITY-ST-ZIP	MIAMI, FL. 33190	
TITLE	V. PRESIDENT/SECRETARY	<input type="checkbox"/> DELETE
NAME	3990 S.W. 6 CT.	
STREET ADDRESS	PLANTATION, FL. 33324	
CITY-ST-ZIP	HEIDI PINES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 *Heidi Pines* DATE **3/1/97** **1245234 2773**

CRE034 (9/96)