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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042834

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

Principal Place of Business	Mailing Address
7911 NW 72ND AVE Suite 201A MEDLEY, FL 33166	8357 W FLAGLER ST SUITE 366 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7911 NW 72ND AVE	26 8357 W FLAGLER ST
Suite, Apt. #, etc. 22 SUITE 201A	Suite, Apt. #, etc. 27 SUITE 366
City & State 23 MEDLEY, FL	City & State 28 MIAMI, FL
Zip 24 33166 Country 25 DADE	Zip 29 33144 Country 30 DADE

3. Date Incorporated or Qualified

4. FEI Number 65-0667822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEIDI PINES 7911 NW 72ND AVE SUITE 201A MEDLEY, FL 33144	81 Name HEIDI PINES 82 Street Address (P.O. Box Number is Not Acceptable) 7911 NW 72ND AVE 83 SUITE 201A 84 City MEDLEY FL 85 Zip Code 33144

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 HEIDI PINES 4/29/98
(Signature of New Registered Agent) (Typed or Printed Name of New Registered Agent) DATE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	UNIS HENRY	12 NAME	
STREET ADDRESS	7911 NW 72ND AVE, # 201A	13 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY, FL 33144	14 CITY-ST-ZIP	
TITLE	V. PRESIDENT ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HEIDI PINES	22 NAME	
STREET ADDRESS	8990 SW 6TH CT	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I 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 HEIDI PINES 4/29/98 305-234-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/97)