FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000043544 (1)**

1. Corporation Name
FAMILY TOGETHER FUNDS INC.

Principal Place of Business	Mailing Address
1001 N.W. 2ND AVENUE HALLANDALE FL 33009	1001 N.W. 2ND AVENUE HALLANDALE FL 33009-2312

3. Date Incorporated or Qualified: 07/01/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 219 Pembroke Rd.	26 219 Pembroke Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hallandale, Fl.	City & State 28 Hallandale, Fl.
Zip 24 33009 Country 25	Zip 29 33009 Country 30

4. FEI Number: 65-0680677 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MODAS, DANIEL A
1215 SE 2ND AVENUE #202
FT. LAUDERDALE FL 33335

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, DAVID		1.2 NAME	
STREET ADDRESS	1001 NW 2ND AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCNAB, MICHAEL		2.2 NAME	
STREET ADDRESS	1014 FOSTER ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, REETA		3.2 NAME	
STREET ADDRESS	5228 S.W. 21 STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	W. HOLLYWOOD FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCNAB, BELINDA		4.2 NAME	
STREET ADDRESS	1014 FOSTER ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, JOHNNY LEE SR.		5.2 NAME	
STREET ADDRESS	1001 N.W. 2ND AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, JOHNNY LEE JR.		6.2 NAME	
STREET ADDRESS	632 N.W. 9TH COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		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: _____ 4/28/97 454-1282

CR2E034 (9/96)