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

FILED
Jun 16 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 # **P96000043544 (1)**

1. Corporation Name
FAMILY TOGETHER FUNDS INC.

Principal Place of Business	Mailing Address
219 PEMBROKE RD. HALLANDALE FL 33009 US	219 PEMBROKE RD. HALLANDALE FL 33009 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
07/01/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 Section(s) 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 David James (NOTE: Registered Agent signature required when reinstating) DATE

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	Johnny Lee James Sr ☐ Change ☑ Addition
NAME	MCNAB, MICHAEL		2.2 NAME	
STREET ADDRESS	1014 FOSTER ROAD		2.3 STREET ADDRESS	1001 N.W. 2nd Ave 1 Vice President
CITY-ST-ZIP	HALLANDALE FL 33009		2.4 CITY-ST-ZIP	Hallandale Fla. 33009
TITLE	S	☒ DELETE	3.1 TITLE	MARTHA ST. LOUIS ☐ Change ☑ Addition
NAME	MILLS, REETA		3.2 NAME	
STREET ADDRESS	5228 S.W. 21 STREET		3.3 STREET ADDRESS	1510 NW 179 Terrace Secretary
CITY-ST-ZIP	W. HOLLYWOOD FL		3.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	T	☒ DELETE	4.1 TITLE	EIIA WILLIAMS ☐ Change ☑ Addition
NAME	MCNAB, BELINDA		4.2 NAME	
STREET ADDRESS	1014 FOSTER ROAD		4.3 STREET ADDRESS	2439 Dewey St Treasure
CITY-ST-ZIP	HALLANDALE FL 33009		4.4 CITY-ST-ZIP	Hollywood FL 33020 6/16/98
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	100002562701
STREET ADDRESS	632 N.W. 9TH COURT		6.3 STREET ADDRESS	-06/17/98--01044--025
CITY-ST-ZIP	HALLANDALE FL 33009		6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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 [signature] 3/09/98 (954)