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Feb 17, 1999 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000043544**

1. Corporation Name
FAMILY TOGETHER FUNDS INC.

Principal Place of Business

**219 PEMBROKE RD.
HALLANDALE FL 33009
US**

Mailing Address

**219 PEMBROKE RD.
HALLANDALE FL 33009
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JAMES, DAVID	
STREET ADDRESS	1001 NW 2ND AVENUE	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	JAMES, JOHNNY LEE SR	
STREET ADDRESS	1001 N.W. 2ND AVENUE 1	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ST. LOUIS, MARTHA	
STREET ADDRESS	1510 N.W. 179 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ELLA	
STREET ADDRESS	2439 DEWEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, JOHNNY LEE JR	
STREET ADDRESS	632 N.W. 9TH COURT	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

05/04/72