

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

FILED
May 06 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 # P96000046745 (1)

1. Corporation Name
SOLUTIONS FOR FAMILIES, INC.

Principal Place of Business
3717 DEL PRADO BLVD.
SUITE 1
CAPE CORAL FL 33904
US

Mailing Address
3717 DEL PRADO BLVD.
SUITE 1
CAPE CORAL FL 33904
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1423 S.E. 16 PLACE
Suite, Apt. #, etc.
22 #105
City & State
23 CAPE CORAL, FL
Zip Country
24 33990 25 US

2a. Mailing Address
26 1423 S.E. 16 PLACE
Suite, Apt. #, etc.
27 #105
City & State
28 CAPE CORAL, FL
Zip Country
29 33990 30 US

3. Date Incorporated or Qualified
05/24/1996

4. FEI Number
65-0665250

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

DUDA, SUSAN
1106 SE 41 ST
CAPE CORAL FL 33905

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

Susan Duda

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	HOLMES, CHRISTINE	5919 UNTERMEYER CT.	N. FT. MYERS FL 33903	<input type="checkbox"/>
VP	FAGAN, DONNA	123 STETSON	LEHIGH ACRES FL 33936	<input type="checkbox"/>
S	TERMONT, LINDA J	1799 MARLYN RD.	FT. MYERS FL 33901	<input type="checkbox"/>
T	DUDA, SUSAN	1106 S.E. 41 ST.	CAPE CORAL FL 33904	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Susan Duda*

4/13/98

(41) 574-2322

CF2E034 (10/97)