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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000081489 (2) DOCUMENT

FAMILE	LI a Moo	OCIATES,	INC.												
Principal Plac	e of Busines	is.	 	Mailir	ng Address		··			1					
1007 N. FEDERAL HWY 1007 N. FEDERAL HW															
#125 #125															
FORT LAUDERDALE FL 33304				FORT LAUDERDALE FL 33304						DO NOT WRITE IN THIS SPACE					
US US					iS					3. Date Incorporated or Qualified					
4 5				- ·	40						10/02/1996			τ.	· · · _
2. Principal Place of Business				2a. Mailing Address							FEI Number		\vdash	+ '	plied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.						-	65-0715904		- 60 -		t Applicable
Suite, Apt. #, etc.				27					5.	Certificate of Status Desired	ıΧ			quired	
City & State				City & State					ß.	Election Campaign Financing				May Be	
23				28					•	Trust Fund Contribution				o Fees	
Zip Country				Zip			Country			8.	This corporation owes or has p	aid the cu	irrent yea	ır lok	angible
24	_	25		29		30					Personal Property Tax due Jur		Yes		Nο
	9. Name	and Addres	se of Current F	legister	ed Agent			_		10.	Name and Address of New R	egistered	Agent		
		MARY FANI					81	l	Name						
			HIGHWAY, SI	JITE 12	:5		82	t	Street Addre	ss (P	O. Box Number is Not Accepta	ble)			
F0	irt laude	RDALE FL	33304					L							
							83								
							84	T	City			FL	85	Zip C	Code
11. Persuant	to the provis	sions of Secti	ons 607.0502 a	ind 607.	1508. Florida Statu	tes, th	ne abovi	0-r	named corpo	ratio	n submits this statement for the	purpose (of changir	ng it:	registered
l office or r	registered ac	gent, or both.	in the State of	Florida.	Such change was ection 607.0505, Fi	autho	rized by	v ti	he corporatio	n's b	poard of directors. I hereby according	opt the ap	pointmen	tası	registered
SIGNATURE	Signature bysec	d or printed name	of registered agent a	nd title if an	noliceble (NO	TE Beni	islared And	enl	signature required	1 when	reinstation)	DATE			
				ND DIRECTORS			13.				ADDITIONS/CHANGES TO OFF		D DIREC	TOR	\$ IN 12
TITLE	PSTD				DELETE		1.1 TITLE						Char	nge	Addition
NAME		OFF, MARY				1	1.2 NAME								
STREET ADDRESS	1007 N	ORTH FEDI	eral Highwa	ay, sui	ITE 125	1	1.3 STREET	ΓΑΕ	DORESS						
CITY-ST-ZIP	FORT L	AUDERDAL	E FL 33304			- 1	1.4 CITY - S	ST -	ZIP						
TITLE	_				DELE TE	2	2.1 TITLE						☐ Cḥar	nge	Addition
NAME						12	2.2 NAME								
STREET ADDRESS							2.3 STREET	T AE	DDRESS						
CITY-ST-ZIP							2. 4 CITY-	ST-	- ŽIP						
TITLE					☐ DEL ete		3.1 TITLE						L Char	106	
NAME							3.2 NAME								
STREET ADDRESS							3.3 STREET		1						
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TITLE					☐ DELETE		4.1 TITLE						∐ Char	វេតិន	☐ Addition
NAME							4. 2 NAME								
STREET ADDRESS							4.3 STREET								
CITY-ST-ZIP				·····	DELETE	_	4.4 CITY-S	sI-	ZIF				☐ Char		Addition
TITLE					- DELETE		5.1 TITLE 5.2 NAME							ıβu	AUVITION
NAME DEDECT ADDRESS							0.2 NAME 5.3 STREET		DUDECC						
STREET ADDRESS															
CITY-ST-ZIP TITLE					☐ DELETE		5.4 CITY - S 6.1 TITLE	11-	ZIF.				☐ Char	nge	Addition
ALAKAC					_ 3		E O SIARRE								

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 15 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

3/3/91

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FILED

Mar 10 1998 8:00am

Secretary of State