Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90030 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000067871

FAMILY REFERRALS INC.

Principal Place	e of Business	Mailing Address							,,,, 45,,, 40		.,,,		
1228 JACARANDA BLVD. VENICE FL 34292		1228 Jacaranda BLVD. Venice Fl 34292						DO N	IOT WRI	TE IN TH	IS SPACE		
						3.	Date Incor	rporated or	Qualifed				
							08/04/1	998					
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Nı mb	er				Appl	ied For
21		26										Not /	Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.				1	Cartifarto	of Ctatus D	aniend		\$8.7	5 Ad	ditional
22		27				5.	Cernicate	of Status D	esirea		Fee	Requ	uired
City & Stat	le -	City & State				6.	Election C	ampaign Fi	nancing		\$5.0	00 M	ay Be
23		28					Trust Fund	d Contribution	on		Add	ed to	Fees
Zip	Country	Zip	Cou	untry		8.	This corpo	oration owes	the curr	ent year	Intangible		
24	25	29	30				Personal F	Property Ta	х.		Yes	=	No
	9. Name and Address of Curren	n Registered Agent		J.,.		10.	Name and	d Address	of New F	Register	d Agent		
				81	Name								
l	TES, KLAUS			82	Street Ad	Idress (P	O. Box Nu	umber is No	t Accepta	able)			
	GAILLARD AVE.												
veni	ICE FL 34287			83									
l				1 1									
				04	City						95	Zin Co	nde
				84	City					F		Zip C c	
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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 indica ed on this annual report or supplemental annual report is true and accurate and that my signarure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the rese ver 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 change 1, or plan attachment with an address, with all other like empowered

4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

DELETE

☐ DELETE

Change

Addition

☐ Addition