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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:06

DOCUMENT # S20166 (2)

1. Corporation Name
FAMILY SERVICE MANAGEMENT INFORMATION SYSTEMS, I NC.

Principal Place of Business	Mailing Address
12463 SAWGRASS COURT W PALM BEACH FL 33414	12463 SAWGRASS COURT W PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1990	3a. Date of Last Report: 01/28/1994
4. FEI Number: 65-0240578	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 17032 Shetland Lane	26 17032 Shetland Lane
Suite, Apt. #, etc. 22 FSMIS Farms	Suite, Apt. #, etc. 27 FSMIS Farms
City & State 23 Loxahatchee, Fl.	City & State 28 Loxahatchee, Fl.
Zip / Country 24 33470 / 25	Zip / Country 29 33470 / 30

9. Name and Address of Current Registered Agent

WINIG, STEVEN L.
1601 FORUM PLACE
SUITE 301
WEST PALM BEACH FL 33401

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 _____ (Signature, Type or Print Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NEWSTEIN, NEIL P.	12 NAME	
STREET ADDRESS	12463 SAWGRASS CT.	13 STREET ADDRESS	17032 Shetland Lane, FSMIS Farms
CITY-ST-ZIP	WELLINGTON FL 33417	14 CITY-ST-ZIP	Loxahatchee, Fl. 33470
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOLDER, SHIRLEY B.	22 NAME	
STREET ADDRESS	906 LANTERN TREE	23 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33417	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with an asterisk.

SIGNATURE: _____ 2-11-95 407 798 4657
(SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR) (Date) (Telephone Number)

NEIL P NEWSTEIN President

D95000000 CP