

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90054 031 ***150.00

DOCUMENT # S20166

1. Corporation Name

FAMILY SERVICE MANAGEMENT INFORMATION SYSTEMS, I
NC.

Principal Place of Business

17032 SHETLAND LANE
FSMIS FARMS
LOXAHATCHEE FL 33470
US

Mailing Address

P.O. BOX 583
LOXAHATCHEE FL 33470
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1990

4. FEI Number

65-0240578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 906 Lantern Tree Ln
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

City & State

23 Wellington FL
Zip Country

24 33414

25 U.S.

City & State

28
Zip Country

29

30

9. Name and Address of Current Registered Agent

WING, STEVEN L.
1601 FORUM PLACE
SUITE 404
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

LAWRENCE M. FUCHS

82 Street Address (P.O. Box Number is Not Acceptable)

590 ROYAL PALM BEACH BLVD.

83

84 City

ROYAL PALM BEACH

FL

85 Zip Code

33411

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

LAWRENCE M. FUCHS

3-23-99

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 D ☒ DELETE

NAME NEWSTEIN, NEIL P.
STREET ADDRESS P.O. BOX 583 N/A
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D ☐ DELETE

NAME HOLDER, SHIRLEY B.
STREET ADDRESS 906 LANTERN TREE
CITY-ST-ZIP WELLINGTON FL 33417

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Mar 24, 1999 (561) 798-4657

Daytime Phone #

CR2E034 (11/98)