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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04088

(3)

FAMILY AFFAIR, INC.

FILED
Apr 14 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address								- 3 10011 BIIDII ADIH BIBH 90161 19101	(8181) 918)	1 0 1010 B1811	01911 01911 1901	
7832 MORSE AVE				7932 MORSE AVE								
SUITE 404				SUITE 404								
JACKSONVILLE FL 32244				JACKSONVILLE FL 32244					DO NOT WRITE IN THIS SPACE			
US				I\$					3. Date Incorporated or Qualified			
A 500000	N(5)			NACIONAL DE L'ARTESTA					01/02/1992			
 				2a. Mailing Address					4. FEI Number		<u> </u>	Applied For
21)				Suite, Apt #, etc.					59-3102423	_		Not Applicable
Suite, Apt. #, etc.									5. Certificate of Status Desired			5 Additional Required
City & State			27	City & State					<u> </u>			
City & State				· · · · · · · · · · · · · · · · · · ·					6. Election Campaign Financing		•	May Be
Zip Country			28	Zip Country				Trust Fund Contribution			d to Fees	
24	25		F	30		, and a y			This corporation owes or has p Personal Property Tax due June		rent year ☐ Yes	Intangible No
24	9. Name and Address of Current								10. Name and Address of New Registered Agent			
Al				TITT. 19.1111		81	Nam	e				
ALTERMAN, LEONARD 9116 CYPRESS GREEN DR												
							Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 207									· · · · · · · · · · · · · · · · · · ·			······································
JACKSONVILLE FL 32258												
						84	City			EI	85 Zi	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta						obour		od poros	ration submits this statement for the	FL DUMBAGO A	abanain.	n ito registered
office or	to the brovis regi ste red aç	ions of Sections 607.05 jent, or both, in the Stat	e of Florid	a. Such change was	authoriz	ed by	the o	orporatic	on's board of directors. I hereby acce	purpose or opt the app	ointment	as registered
agent. La	anī f a miliar w	ith, and accept the obli	gations of,	Section 607.0505, F	Iorida St	atutes	ŝ.		•			
SIGNATURE		ار پريې سرسوسس										
						gistered Agent signature required			ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECT	ORS IN 12
TITLE	PD	OF FIGURE AN	W Dine G	DELETE		TITLE		7	ADDITIONS/CHANGES TO OFF	OLITO AND	Chang	
NAME	SUTTON, HELEN E.						1.2 NAME				L. Owning	O LI NAOMION
STREET ADDRESS		IORSE AVE					ADDRES	.				
-		ONVILLE FL						'				
CITY-ST-ZIP TITLE	TD	OTTILLE I C		DELCTE		CITY-S TITLE	1-219				Change	e Addition
		N, HELEN E.		C SECTE		NAME		i			C Outsing	C
NAME	1	IORSE AVE					ABBBEA	. ا				
STREET ADDRESS	IAOVOOLBALLE EL						2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
CITY-ST-ZIP	SD	ONVILLE IL		DELETE		CITY-S	51 - ZIP				Change	e Addition
TITLE	SCHOOLER, PATRICIA A.			32 N							Uniquigi	C LJ Addition
NAME	BANA MARAE AVE			_ · · · ·		-		_				
STREET ADDRESS					1		ADDRES	<i>i</i>				
CITY-ST-ZIP	JACKSONVILLE FL						ST-ZIP				Chana	Addition
TITLE	VD	NED DATINGIA A		[] DELETE		TITLE					L Changi	e Addition
NAME	SCHOOLER, PATRICIA A				4. 2 NAME							
STREET ADDRESS 7932 MORSE AVE					4.3 STREET ADDRESS		3					
CITY-ST-ZIP	JACKS	ONVILLE FL				CITY-S	T - ZiP				T (2)	
TITLE	[DELETE	5.1	TITLE					Change	e 🔲 Addition
NAME					5.2	NAME						
STREET ADDRESS	[5.3	STREET	ADDRES	3				
CITY-ST-ZIP					5.4	CITY-S	T-ZIP	1				
TITLE		•	-	☐ DELETE	6.1	TITL E					Change	e 🔲 Addition
NAME	1				6.2	NAME						
STREET ADORESS	1				6.3	STREET.	ADDRES	; I				1

14. Thereby cortify 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.