

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 807355

1. Corporation Name
ENESCO GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**333 WESTERN AVENUE
 WESTFIELD MA 01085
 US**

Mailing Address
**333 WESTERN AVENUE
 WESTFIELD MA 01085
 US**

3. Date Incorporated or Qualified
06/06/1947

4. FEI Number
04-1864170 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	TOWER, H.L.
STREET ADDRESS	50 WALLACE RD
CITY-ST-ZIP	STONY CREEK CT 06405
TITLE	V <input type="checkbox"/> DELETE
NAME	KEIRSTEAD, ALLAN G.
STREET ADDRESS	26 LONGFELLOW RD.
CITY-ST-ZIP	HOLYOKE MA
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	WYATT, BRUCE H
STREET ADDRESS	11 BITTERSWEET ;M
CITY-ST-ZIP	WILBRAHAM MA
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	TOWER, H L
STREET ADDRESS	50 WALLACE RD
CITY-ST-ZIP	STONY CREEK CT 06405
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	TOWER, GERALD W
STREET ADDRESS	157 QUINNEHTUK RD.
CITY-ST-ZIP	LONGEADOW MA
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MASCARO, CARMEN
STREET ADDRESS	23 HARVEST HILL RD.
CITY-ST-ZIP	W. SIMSBURY CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUTSELL, J.A.
1.3 STREET ADDRESS	775 SUMMIT AVE
1.4 CITY-ST-ZIP	DEERFIELD IL 60015
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	330 STARBOARD LN
2.4 CITY-ST-ZIP	OSTERVILLE, MA 01040
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETER JOHNSON
3.3 STREET ADDRESS	26 STONE RIDGE DR.
3.4 CITY-ST-ZIP	SOUTH BARRINGTON, IL 60010
4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HUTSELL, J.A.
4.3 STREET ADDRESS	775 SUMMIT AVE
4.4 CITY-ST-ZIP	DEERFIELD IL 60015
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PETER JOHNSON
5.3 STREET ADDRESS	26 STONE RIDGE DR.
5.4 CITY-ST-ZIP	SOUTH BARRINGTON IL 60010
6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	J. LEMAJEUR
6.3 STREET ADDRESS	9 EAST EMERSON ST.
6.4 CITY-ST-ZIP	ARLINGTON HTS IL 60005

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey W. Lemajeur Date: 4/7/99 Daytime Phone #: 630 875 5308

CR2E034 (1/1/98)