FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR -3 PM 5:07

DOCUMENT # **H64341** **(1)**

1. Corporation Name
FAMILY GROUP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4920 BERNEY AVENUE PARKER FL 32404	4920 BERNEY AVENUE PARKER FL 32404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/01/1985**
3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2713093** ☐ 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

9. Name and Address of Current Registered Agent

DESIENO, CARL
4920 BERNEY AVE.
SUITE 1
PARKER FL 32404

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VP-DIR	☒ Change ☐ Addition
NAME	DISPIRITO, GEMMA	12 NAME	DISPIRITO, GEMMA	
STREET ADDRESS	7811 FAWNBROOK CIRCLE	13 STREET ADDRESS	7811 FAWNBROOK CIR	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	DESIENO, CARL	22 NAME		
STREET ADDRESS	4920 BERNEY AVE	23 STREET ADDRESS		
CITY-ST-ZIP	PARKER FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, ELIZABETH	32 NAME		
STREET ADDRESS	517 DOBBIN DR.	33 STREET ADDRESS		
CITY-ST-ZIP	PARIS KY	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DESIENO, CARL M.	42 NAME		
STREET ADDRESS	44 BATEAU TERR.	43 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY	44 CITY-ST-ZIP		
TITLE	VPD	51 TITLE	PRES-DIR	☒ Change ☐ Addition
NAME	DESIENO, JOSEPH	52 NAME	DESIENO, JOSEPH	
STREET ADDRESS	3751 APPIAN WAY #80	53 STREET ADDRESS	3751 APPIAN WAY #80	
CITY-ST-ZIP	LEXINGTON KY	54 CITY-ST-ZIP	LEXINGTON, KY	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MARLENE LEHNER	62 NAME		
STREET ADDRESS	63 W MEADOW RD	63 STREET ADDRESS		
CITY-ST-ZIP	SETAUKET NY	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 attachment with an address.

SIGNATURE: Carl Desieno SEC'T/TREAS 30-MAR-95 (904)785-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #
CARL DESIENO

0030064 CP