FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **07/01/1985**
3a. Date of Last Report: **04/03/1995**

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

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

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 (Required) (New Registered Agent's signature required when name is added) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	VPD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DISPIRITO, GEMMA		1.2 NAME	JOANN CAVIGIA	
STREET ADDRESS	7811 FAWNBROOK CIRCLE		1.3 STREET ADDRESS	BOX-1376	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	GALLUP, NM - 87301	
2 TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DESIENO, CARL		2.2 NAME		
STREET ADDRESS	4920 BERNEY AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PARKER FL		2.4 CITY-ST-ZIP		
3 TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, ELIZABETH		3.2 NAME		
STREET ADDRESS	517 DOBBIN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PARIS KY		3.4 CITY-ST-ZIP		
4 TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DESIENO, CARL M.		4.2 NAME		
STREET ADDRESS	44 BATEAU TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY		4.4 CITY-ST-ZIP		
5 TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DESIENO, JOSEPH		5.2 NAME		
STREET ADDRESS	3751 APPIAN WAY #80		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY		5.4 CITY-ST-ZIP		
6 TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARLENE LEHNER		6.2 NAME		
STREET ADDRESS	63 W MEADOW RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SETAUKET NY		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 - CARL DESIENO 25-JAN-96 (904)785-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEC/TREAS