

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

FILED
Feb 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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
**4920 BERNEY AVENUE
PARKER FL 32404**

Mailing Address
**4920 BERNEY AVENUE
PARKER FL 32404**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------------|--|----|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/01/1985 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-2713093 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | 25 | 29 | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| |
|---|
| 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | VPD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YELTON, FLOYD | 1.2 NAME | |
| STREET ADDRESS | 4920 BERNY AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PARKER FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | |
| TITLE | PD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | |
| TITLE | SD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | |

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.

SIGNATURE:

Carl Desieno

2/13/98 (850) 785-2600

CR2E034 (10/97)