


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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90084 016 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H64341 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		
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	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
				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					
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	YELTON, FLOYD				
STREET ADDRESS	4920 BERNY AVE				
CITY-ST-ZIP	PARKER FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	DESIENO, CARL				
STREET ADDRESS	4920 BERNEY AVE				
CITY-ST-ZIP	PARKER FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BARTLETT, ELIZABETH				
STREET ADDRESS	517 DOBBIN DR.				
CITY-ST-ZIP	PARIS KY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DESIENO, CARL M.				
STREET ADDRESS	44 BATEAU TERR.				
CITY-ST-ZIP	ROCHESTER NY				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DESIENO, JOSEPH				
STREET ADDRESS	3751 APPIAN WAY #80				
CITY-ST-ZIP	LEXINGTON KY				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MARLENE LEHNER				
STREET ADDRESS	63 W MEADOW RD				
CITY-ST-ZIP	SETAUKET NY				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE:

Carl Desieno - TRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99 (850) 785-2606

Date

Daytime Phone #

CR2E034 (11/98)