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 # K91453 (6)

1. Corporation Name
COSTELLO FAMILY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2931 LAHLOR LANE PALM HARBOR FL 34684	2931 LAHLOR LANE PALM HARBOR FL 34684

3. Date Incorporated or Qualified: 05/30/1989
3a. Date of Last Report: 03/23/1995
4. FEI Number: 59-2948845 ☐ 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

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**

ANTHONY M. FERRO, ESQ.
31640 U.S. HWY., 19 NORTH
PALM HARBOR FL 34684

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 ____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	COSTELLO, PHILIP	
STREET ADDRESS	11114 ROLLINGWOOD DR	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	S	☐ DELETE
NAME	COSTELLO, FRANCES	
STREET ADDRESS	11114 ROLLINGWOOD DR	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	V	☐ DELETE
NAME	COSTELLO, ANTHONY	
STREET ADDRESS	2931 LAHLOR LANE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	☐ DELETE
NAME	COSTELLO, ANTHONY	
STREET ADDRESS	2931 LAHLOR LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	☐ DELETE
NAME	COSTELLO, MARIE	
STREET ADDRESS	14110 US HWY 19 N N/A	
CITY-ST-ZIP	HUDSON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 attachment with an address.

SIGNATURE: Anthony Costello — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (Date) 8138698662 (Daytime Phone #)