

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000003866 (8)

1. Corporation Name

FAMILY ENTERTAINMENT WORKSHOP, INC.

Principal Place of Business

Mailing Address

2305 BAY CLUB CIRCLE
TAMPA FL 33607

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TAMPA FL 33607

FILED
Sep 23 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

59-3390478

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

AMAN, JEFFREY A ESQ.
AMAN & LINS P.A.
14502 N. DALE MABRY HWY, SUITE 300
TAMPA FL 33618

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MCGONIGLE, PATRICK W
STREET ADDRESS 8100 ROSWELL RD., SUITE 101
CITY-ST-ZIP ATLANTA GA 30350

TITLE D ☐ DELETE

NAME MCGONIGLE, STEPHEN W
STREET ADDRESS 8100 ROSWELL RD., SUITE 101
CITY-ST-ZIP ATLANTA GA 30350

TITLE D ☒ DELETE

NAME KELLY-DIAZ, DAWN
STREET ADDRESS 3402 PICO DR.
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE

NAME SHIELDS, KEN
STREET ADDRESS 679 LAMOKA COURT
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☒ DELETE

NAME MCGONIGLE, KEVIN C
STREET ADDRESS 8100 ROSWELL RD., SUITE 101
CITY-ST-ZIP ATLANTA GA 30350

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick W. McGonigle DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-98

813-639-9198

Date

Daytime Phone #

CR2E037 (5/98)