


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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90029 043 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000018925</b>					
1. Corporation Name <b>LANGONE FAMILY ENTERPRISES, INC.</b>					
Principal Place of Business 8102-1 BLANDING BLVD. JACKSONVILLE FL 32244 US			Mailing Address 8102-1 BLANDING BLVD. JACKSONVILLE FL 32244 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/10/1994</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3230260</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24		25		29	
26		27		28	
29		30		31	
9. Name and Address of Current Registered Agent <b>MERCIER, LEE F 200 W. FORSYTH ST. #1020 JACKSONVILLE FL 32202</b>			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			86		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>DS LANGONE, ANTHONY</b>					
1.3 STREET ADDRESS <b>1189 PARK AVE. NORTH</b>					
1.4 CITY-ST-ZIP <b>WINTER PARK FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>DV LANGONE, JOSEPH</b>					
2.3 STREET ADDRESS <b>653 STAFFORDSHIRE EAST</b>					
2.4 CITY-ST-ZIP <b>JACKSONVILLE FL</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>DP LANGONE, MICHAEL</b>					
3.3 STREET ADDRESS <b>318 E. PRINDLE DR.</b>					
3.4 CITY-ST-ZIP <b>JACKSONVILLE FL</b>					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

904-779-1933

Daytime Phone #

CR2E034 (11/98)