FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
95 MAY 31 PM 2:59

DOCUMENT # P94000069125 (0)

1. Corporation Name

ANGENE FAMILY TRUST, INC.

Principal Place of Business	Mailing Address
4360 NORTHLAKE BLVD. SUITE 205 PALM BEACH GARDENS FL 33410	4360 NORTHLAKE BLVD. SUITE 205 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

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 ___

3. Date Incorporated or Qualified: 09/19/1994

3a. Date of Last Report:

4. FEI Number: 65-0516939 ☐ 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

9. Name and Address of Current Registered Agent

MARTIN E. WASHOFSKY, E.A., P.A.
4360 NORTHLAKE BLVD.
SUITE 205
PALM BEACH GARDENS FL 33410

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 ______ (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	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	ANGENE, STEVE	1 2 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD., SUITE 205	1 3 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	1 4 CITY ST ZIP	
TITLE	DV	2 1 TITLE	☐ Change ☐ Addition
NAME	ANGENE, SCOTT	2 2 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD., SUITE 205	2 3 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	2 4 CITY ST ZIP	
TITLE	~~DV~~	3 1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ANGENE, NED	3 2 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD., SUITE 205	3 3 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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 an attachment with an address.

SIGNATURE: X [signature] PRESIDENT 5/23/95 407-694-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0250783 CP