**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **P94000069125 (0)**

1. Corporation Name

**ANGENE FAMILY TRUST, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4360 NORTHLAKE BLVD.<br>SUITE 205<br>PALM BEACH GARDENS FL 33410 | 4360 NORTHLAKE BLVD.<br>SUITE 205<br>PALM BEACH GARDENS FL 33410 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified: **09/19/1994**
3a. Date of Last Report: **05/31/1995**
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 _____ (NOTE: Registered Agent signature required when no corp. officer) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 11 TITLE | | ☐ Change ☑ Addition |
| NAME | ANGENE, STEVE | | 12 NAME | RAFAEL ORONATE | |
| STREET ADDRESS | 4360 NORTHLAKE BLVD., SUITE 205 | | 13 STREET ADDRESS | 3500 W. 11TH ST | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | | 14 CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | DV | ☑ DELETE | 21 TITLE | | ☐ Change ☑ Addition |
| NAME | ANGENE, SCOTT | | 22 NAME | 1) BETSY ANGENE | |
| STREET ADDRESS | 4360 NORTHLAKE BLVD., SUITE 205 | | 23 STREET ADDRESS | 4360 NORTH LAKE BLVD SUITE 205 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | | 24 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | DV | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | ANGENE, NED | | 32 NAME | | |
| STREET ADDRESS | 4360 NORTHLAKE BLVD., SUITE 205 | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number *

CR2E034 (3/96)

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