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

PROFIT
*CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
SANDRA B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

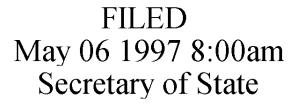
DOCUMEN 1. Corporation Name # P96000043856 (9)

FAMILY THREE ENTERPRISES, INC.

Principal Place of Busilless

Mailing Address

18344 FISHBURNE DRIVI SPRING HILL FL 34610 POST OFFICE BOX 172 LAND O'LAKES FL 34639-017





SPHING HILL PL 34610 1		DUM O DIVES LE 24025	PU172						
						3. Date incorporated or Qualified 05/13/1996	3a. Da	ate of Last F	leport
2. Principal Place of Bu	ısiness	2a. Mailing Address 26			4, FEI Number 59-338418	Applied For Not Applicable			
Suite, Apt #, etc.	IN 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		Suite, Apt. #, etc.				_		Additional
22		27			Certificate of Status Desired	ليا		lequired	
City & State		City & State			6. Election Campaign Financing				
23		28				Trust Fund Contribution		Added	to Fees
<u>Ζ</u> φ	Country	Zip	Cou	ntry	1	8. This corporation has liability for			s. 199.032,
24	25 ne and Address of Curre	29	30			Florida Statutes 10. Name and Address of New Re	Yes [
	· · · · · · · · · · · · · · · · · · ·	it negletere when		81	Name	10. Harrie allo Addiese di New Ne	Bietoian	ngont	
ELLIS, PHILIF									
19344 FISHBURNE DRIVE SPRING HILL FL 34810				82 Street Address (P.O. Box Number is Not Acceptable)					
OF THIS THE	. FL 3401V			83					
								1451 7:-	Codo
				84	City		FL	. 85 Zip	Code
office or registered	agent, or both, in the State	02 and 607.1508, Florida State of Florida Such change was lations of Section 607.0505, I	s authorized	d by	/ the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	ourpose o	f changing pointment as	its registered s registered
SIGNATURE. Signature, ly	ped or pented name of registered ag	ent and title if applicable (N	OTE: Registered	d Ape	eni signature req	uired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE PAR	ESIDUNT	☐ DELETE	1.5 TE	TLE	ĺ			Change	Addition
NAME	MARE	BURNE PR.	1.2 N/	AME					
STREET ADDRESS	144 PIEH.	BURNE PR.			ADDRESS				
- CHY-SI-ZIP - 1 💇 💋 ,	RIVE MILL.	. <i>F</i> C . 3 Y L 10			ST-ZIP			Change	Addition
THLE SEC	KETANY - T	REMAIN DELETE	2.1 TI 2.2 N/					La onango	noomen
NAME TUA	THE E YY FISHIS LING HILL, I	LCIS	. Ii		ADDRESS				
STREET ADDRESS 193	44 57367	URMUNO/C	1		ST-ZIP				
THE	are y per cap o	DELETE	3.1 TI		-			Change	Addition
NAME			3.2 N/	AME	1				
STHEET ADDRESS			3.3 \$1	FREET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP				
TITLE		DELETE	4.1 TI	TLE				Change	Addition
NAME:			4.2 N						
STREET ADDRESS					I ADDRESS				
City-St-ZiP		DESERT			ST-ZIP			Change	Addition
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STREET ADDRESS					ADDRESS ST-ZIP	•			
C-TY - ST - ZIP TITLE		DELETE	5.4 U		or- Lir			☐ Change	Addition
NAME			6.2 N		1			•	
STREET ADDRESS					T ADDRESS				
City-St-7#					ST-ZIP				
			. 17 . 7 . 45 .			ad to Castian 440 07(0Vi). Finalda Chatuda	a liferabe	v markifu dhan	4 4b -

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3-27-97

263-795-6377 Daytime Phone