

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000058531 (0)

1. Corporation Name

FAMILLE ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5450 FLAVOR PICT ROAD BOYNTON BEACH FL 33436		Mailing Address 5450 FLAVOR PICT ROAD BOYNTON BEACH FL 33436	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 P. O. Drawer 189	
22 City & State		27 City & State	
23 Boynton Beach, FL		28 Boynton Beach, FL	
24 Zip Country		29 33425-0189 30 USA	
25		31	
3. Date Incorporated or Qualified 07/12/1996			
4. FEI Number 65-0742440			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUBOIS, WILLIAM A JR 5450 FLAVOR PICT RD BOYNTON BEACH FL 33436		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	PD S	1.1 TITLE	
NAME	DUBOIS, WILLIAM A JR	1.2 NAME	
STREET ADDRESS	POST OFFICE DRAWER 189	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33425-0189	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	DuBois, Robert M.	2.2 NAME	
STREET ADDRESS	P. O. Drawer 189	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33425-0189	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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

William A. DuBois, Jr. 1/7/98 (561)
498-3000

CR2E034 (10/97)