

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 562433 (3)**

1. Corporation Name  
**ANGEL & ASSOCIATES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**134 E COLONIAL DR P. O. BOX 3063 ORLANDO FL 32802**

3. Date Incorporated or Qualified **03/20/1978** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

4. FEI Number **59-1809157** Applied For  Not Applicable

**22** City & State **27** City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**23** Zip **28** Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**24** Zip **25** Country **29** Zip **30** Country

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FOOTE ROGER A  
709 W OAKRIDGE RD  
ORLANDO FL 32809**

10. Name and Address of New Registered Agent  
**81 Name Richard W. Copeland  
82 Street Address (P.O. Box Number is Not Acceptable) 631 Palm Springs Drive  
83 Suite 106  
84 City Altamonte Springs FL 85 Zip Code 32701**

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 607.0509, Florida Statute.

SIGNATURE *Richard W. Copeland* DATE **4/21/95**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	ANGEL CHARLES F
STREET ADDRESS	5727 MOONLIGHT CIRCLE
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	DP
NAME	ANGEL DAN L
STREET ADDRESS	3275 ELLWOOD COURT
CITY-ST-ZIP	WINTER PARK FL
TITLE	DVS
NAME	ANGEL MARILYN L
STREET ADDRESS	5727 MOONLIGHT CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	ANGEL SHARON
STREET ADDRESS	3275 ELLWOOD COURT
CITY-ST-ZIP	WINTER PARK FL
TITLE	D
NAME	PARKER DANITA
STREET ADDRESS	6125 LANDRACE LANE
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marilyn L. Angel	
1.3 STREET ADDRESS	5727 Moonlight Circle	
1.4 CITY-ST-ZIP	Orlando, FL 32839	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dan L. Angel	
2.3 STREET ADDRESS	3275 Ellwod Court	
2.4 CITY-ST-ZIP	Orlando, FL 32792	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharon Angel	
3.3 STREET ADDRESS	3275 Ellwood Court	
3.4 CITY-ST-ZIP	Orlando, FL 32792	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Danita Parker	
4.3 STREET ADDRESS	6125 Landrace Lane	
4.4 CITY-ST-ZIP	Orlando, FL 32807	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jay A. Klima	
5.3 STREET ADDRESS	1179 Crispwood Court	
5.4 CITY-ST-ZIP	Apopka, FL 32703	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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: *Marilyn L. Angel* **Marilyn L. Angel** **4/27/95** (407) 423-7751