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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005259 (7)

1. Corporation Name
ANGELWOOD, INC.



Principal Place of Business Mailing Address
10837 CHEATHAM TRAIL JACKSONVILLE FL 32223 US
P.O. BOX 551004 JACKSONVILLE FL 32255-1004 US

3. Date Incorporated or Qualified 11/19/1993
3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-3212078	Applied For	Not Applicable
22	Suite, Apt. #, etc	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			30			No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOX, SALLY W 10837 CHEATHAM TRAIL JACKSONVILLE FL 32223				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	Board President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIS, ROBERT S		1.2 NAME	NADINE GRAMLING			
STREET ADDRESS	503 E. MONROE ST.		1.3 STREET ADDRESS	11801 Industry Drive			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL 32218			
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	Elizabeth Corey	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUMBLETON, DUANE		2.2 NAME	Secretary			
STREET ADDRESS	101 WEST STATE STREET		2.3 STREET ADDRESS	2325 Buttonwood DR			
CITY-ST-ZIP	JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP	Jacksonville Fla 32216			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Ray Solomon	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STRICKLAND, SANDY		3.2 NAME	4324 Atlantic Blvd			
STREET ADDRESS	1 RIVERSIDE AVE.		3.3 STREET ADDRESS	Jacksonville FL 32207			
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	Iris Jones	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HIGHTOWER, BEN		4.2 NAME	12218 Pink Panther Ct			
STREET ADDRESS	1514 NIRA STREET		4.3 STREET ADDRESS	Jacksonville, Fla. 32225			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	Rep. Steve Wise	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WILLIS, ROBERT S.		5.2 NAME	5711 Bowden Rd #17			
STREET ADDRESS	503 E. MONROE ST.		5.3 STREET ADDRESS	Jacksonville Fla, 32238-0000			
CITY-ST-ZIP	JACKSONVILLE FL 32202		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Theresa Yohn	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STRICKLAND, SANDY		6.2 NAME	WTLV-TV			
STREET ADDRESS	1 RIVERS AVE.D		6.3 STREET ADDRESS	1070 E Adams			
CITY-ST-ZIP	JACKSONVILLE FL 32202		6.4 CITY-ST-ZIP	Jacksonville, Fla 32238			

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 included 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]* Elizabeth Corey 01/13/96 904-721-1132

CR2E037 (9/96)