

4-2-98 B 4109  
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 Apr 02 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000003288 (4)  
 1. Corporation Name  
 THE ANGELIC REALM, INC.



Principal Place of Business		Mailing Address	
4805 HUNTSMAN COURT TAMPA FL 33624		4805 HUNTSMAN COURT TAMPA FL 33624	
21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	2b	Suite, Apt. #, etc.
23	City & State	2c	City & State
24	Zip	2d	Country
25	Country	2e	Zip
26		2f	Country

3. Date Incorporated or Qualified  
 06/05/1997

4. FEI Number  
 59-3460329

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

KASTEN, A. CHRISTOPHER II  
 101 E KENNEDY BLVD  
 SUITE 1240  
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name ENRIQUE LUTGEN  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 4605 HUNTSMAN CT.  
 83  
 84 City TAMPA FL 85 Zip Code 33624

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: *[Signature]* VICE PRESIDENT 3/26/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUTGEN, NEDA	
STREET ADDRESS	4605 HUNTSMAN COURT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUTGEN, ENRIQUE	
STREET ADDRESS	4605 HUNTSMAN COURT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUTGEN, ALFREDO	
STREET ADDRESS	4605 HUNTSMAN COURT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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]* ENRIQUE LUTGEN 3/26/98 813-960-1391

CR2E037 (10/97)