

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P14204 (2)**

1. Corporation Name
ANGEBILT BUILDING, INC.



Principal Place of Business: **121 W. TRADE STREET CHARLOTTE NC 28202**
Mailing Address: **121 W. TRADE STREET CHARLOTTE NC 28202**

3. Date Incorporated or Qualified: **04/28/1987**
3a. Date of Last Report: **11/07/1995**
4. FEI Number: **59-1735982**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **121 W. Trade Street Suite 1100 Charlotte, NC 28202 USA**
2a. Mailing Address: **121 W. Trade Street Suite 1100 Charlotte NC 28202 USA**

9. Name and Address of Current Registered Agent
**DECUBELLIS, DANIEL L., ESQUIRE
255 S ORANGE AVENUE
801
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
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 officer 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	UP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, JAMES H	12. NAME	JAMES C. Cole
STREET ADDRESS	121 W TRADE STREET	13. STREET ADDRESS	121 W. TRADE STREET
CITY-ST-ZIP	CHARLOTTE NC 28202	14. CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUFF, EDWARD C	22. NAME	JOHN B. TUTWILER
STREET ADDRESS	121 W TRADE STREET	23. STREET ADDRESS	121 W. TRADE STREET
CITY-ST-ZIP	CHARLOTTE NC 28202	24. CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOONE, J. CHRISTOPHER	32. NAME	MICHAEL D. HAWK
STREET ADDRESS	121 W TRADE STREET	33. STREET ADDRESS	121 W. TRADE STREET
CITY-ST-ZIP	CHARLOTTE NC 28202	34. CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, TODD P	42. NAME	
STREET ADDRESS	121 W TRADE STREET	43. STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	44. CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, THOMAS M JR.	52. NAME	
STREET ADDRESS	121 W TRADE STREET	53. STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	54. CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVO, GEORGE A	62. NAME	
STREET ADDRESS	121 W TRADE STREET	63. STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	64. 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 119.07(3)(k), 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: **John B. Tutwiler** DATE: **2/7/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)