

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27709 (5)**

1. Corporation Name
ANGE CONTRACTORS, INC.



Principal Place of Business: **323 BOLER RD. LONDON, ONTARIO N6K 2K3 CANADA**
 Mailing Address: **323 BOLER RD. LONDON, ONTARIO N6K 2K3 CANADA**

3. Date Incorporated or Qualified: **01/16/1990**
 3a. Date of Last Report: **03/21/1995**
 4. FFI Number: **98-0081973**
 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: **3145 GOLDENROD ST SARASOTA FL 34239**
 2a. Mailing Address: **SAME AS 2.1**
 22. City & State: **SARASOTA FL**
 23. Zip: **34239** County: **U.S.A.**
 29. Zip: **34239** 30. Country: **U.S.A.**

9. Name and Address of Current Registered Agent
**GUGIELMO, ANGELO
 3145 GOLDENROD
 SARASOTA FL 34239**

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 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	13.1 TITLE	13.2 NAME
	PVS GUGIELMO, ANGELO	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	323 BOLER ROAD	13.3 STREET ADDRESS	
CITY, ST, ZIP	LONDON ONTARIO, CAN	13.4 CITY, ST, ZIP	
	TD GUGIELMO, ANGELO	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	323 BOLER ROAD	13.5 STREET ADDRESS	
CITY, ST, ZIP	LONDON ONTARIO, CAN	13.6 CITY, ST, ZIP	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Angelo Guglielmo* **2-22-96-941-9226735**

CR2E034 (12/95)