

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 08 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P27709 (5)
 1. Corporation Name
 ANGE CONTRACTORS, INC.



Principal Place of Business Mailing Address

3145 GOLDENROD ST
 SARASOTA FL
 US
 SARASOTA, FLA

3145 GOLDEN ROD ST
 LONDON, ONTARIO M6K 2K3
 SARASOTA FL 34239
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 3145 GOLDENROD ST 26 3145 GOLDENROD ST

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 SARASOTA FLA. 28 SARASOTA FLA.

24 34239 25 SARASOTA 29 34239 30 SARASOTA

3. Date Incorporated or Qualified 3a. Date of Last Report

01/16/1990 02/27/1996

4. FEI Number Applied For

98-0081973 Not Applicable

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 ANGELO GUGIELMO
 82 Street Address (P.O. Box Number is Not Acceptable) 3145 GOLDENROD
 83 SARASOTA, FL. 34239
 84 City SARASOTA FL 85 34239

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 *Angelo Gugielmo* DATE 9/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGIELMO, ANGELO	1.2 NAME	
STREET ADDRESS	323 BOLER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ONTARIO, CAN	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGIELMO, ANGELO	2.2 NAME	
STREET ADDRESS	323 BOLER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ONTARIO, CAN	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 Gugielmo* DATE 9-24-97

CF2E034 (4/97)