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Jan 31 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 # P96000008240 (9)

1. Corporation Name  
7 ANGELS INVESTMENTS, INC.



Principal Place of Business  
7 SOUTHERN CROSS LANE  
APARTMENT 202  
BOYNTON BEACH FL 33436

Mailing Address  
7 SOUTHERN CROSS LANE  
APARTMENT 202  
BOYNTON BEACH FL 33436-6775

3. Date Incorporated or Qualified  
01/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 160 585 W. WAREFIELD

Suite, Apt. #, etc.

22

City & State

23 INDIAN TOWN, FL

Zip

24 34956

Country

25 U.S.A

2a. Mailing Address

26 P.O. Box - 1877

Suite, Apt. #, etc.

27

City & State

28 INDIAN TOWN, FL

Zip

29 34956

Country

30 U.S.A

4. FEI Number

65-0649397

Applied For

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HOSSAIN, SYED SHAHABAD  
7 SOUTHERN CROSS LANE  
APARTMENT 202  
BOYNTON BEACH FL 33436

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME HOSSAIN, SYED SHAHABAD  
STREET ADDRESS 7 SOUTHERN CROSS LANE, APT. 202  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
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TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [ ] Change [ ] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME

6.3 STREET ADDRESS

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: X [Signature] [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0320592

CR2E034 (9/96)