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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000046424 (3)

ANGECO ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address	······································	· <del></del>			
500 DELANEY AVENUE SUITE 101		•	500 DELANEY AVENUE				
		SUITE 101					
ORLANDO FL 3	2901	ORLANDO FL 32601-	3963		3. Date Incorporated or Qualified	3a. Date of L	ant Report
					05/30/1996	98. Date O. L.	ast neport
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	····	4. FEI Number		Applied For
21		26			59-3382604	[	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc	c.		5. Certificate of Status Desired	/N 7 = "	75 Additional
22		27			0. Continuate of Diatria Dooring	Fe Fe	e Required
City & State	9	City & State			6. Election Campaign Financing		.00 May Be
23 710	Country	28 Zip	Country		Trust Fund Contribution		ded to Fees
24	25	29	30 Country		This corporation has liability for Florida Statutes	rintangible tax und ☑ Yes ☐ No	der s. 199.032,
[4]	9. Name and Address of C		1301		10. Name and Address of New R	<del></del>	<u> </u>
CAN	IN, ANGELA		81	Name			
	DELANEY AVENUE		82	Street Addr	ress (P.O. Box Number is Not Accepta	-hla	
	E 101			DUOG! AUG.	ress (F.O. Box Number is Not Acceptable)		
	ANDO FL 32801		83				
			64	City		- 85	Zip Code
•	•					FL [°	E
11. Pursuant i office or r	to the provisions of Sections 50: enistered agent, or both, in the	7.0502 and 607.1508, Florida 3 State of Florida. Such change	Statutes, the above- was authorized by t	named corp Iha corporat	poration submits this statement for the tion's board of directors. I hereby accurately	purpose of chang ent the appointmen	ing its registered of as redistered
agent. Fa	m familiar with, and accept the	obligations of, Section 607.050	05. Florida Statutes.		ion's board of directors. I hereby according	ob obl	,,
SIGNATURE			make a plate of the sale				
	Styr after, typed or printed name of register  OFFICER:		(NOTE: Registered Agent	signature requir		DATE	TORS IN 12
SIGNATURE  12.	OFFICER	ired agent and title if applicable IS AND DIRECTORS DELET	13.	signature requir	red when reinstating) ADDITIONS/CHANGES TO OFF		
12.		IS AND DIRECTORS	13.	signature requir		ICERS AND DIREC	
<b>12.</b>	OFFICER:	S AND DIRECTORS  DELET	13. TE 1.1 TITLE			ICERS AND DIREC	
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SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/8/97 607481-0068

**FILED** 

May 16 1997 8:00am

Secretary of State

mone #

CR2E034 (9/96)