## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

ANGUS, BRUCE

1313 S. MILITARY TRAIL **DEERFIELD BEACH FL 33442** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000092622

ANGUS ASSOCIATES, INC.				
Principal Place of Business	Mailing Address	L 1002/1003 ICD 18511 GEBTE DOTTE DOTTE BOTTE BOTTE FOLIO 1914 BILLO 11810 11911		
1313 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442		DO NOT WRITE IN THIS SPACE		
		Date Incorporated or Qualifed     12/21/1994		
Principal Place of Business     1	2a. Mailing Address 26	4. FEI Number . Applied For 65-0571518 Not Applied		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 24 25	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No		
9. Name and Address of Curre		10. Name and Address of New Registered Agent		

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.

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**B2** 

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Name

City

Street Address (P.O. Box Number is Not Acceptable)

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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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12_					
TITLE	P	DELETE	1.1 TITLE		Change	☐ Addition		
NAME	ANGUS, BRUCE		1.2 NAME			)		
STREET ADDRESS	1313 S. MILITARY TRAIL		1.3 STREET ADDRESS			ſ		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY- ST- ZIP					
TITLE	VTS	☐ DELETE	2.1 T/TLE		☐ Change	☐ Addition		
NAME	ANGUS, LAURETTE		2.2 NAME					
STREET ADDRESS	1313 S. MILITARY TRAIL		2.3 STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE	•	Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS	•		Ì		
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TIFLE		☐ Change	☐ Addition		
NAME	•		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS			Ì		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	·	☐ DELETE	5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAME			l		
STREET ADDRESS			5.3 STREET ADDRESS			.		
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition (		
NAME (			62 NAME			ţ		
STREET ADDRESS			6.3 STREET ADDRESS			ł		
CITY-ST-ZIP	CIL SE COMPANY CONTRACTOR		6.4 CITY-ST-ZIP					

14. I 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

rous RED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90118 004 \*\*\*150.00

Applied For Not Applicable

Zip Code