

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 382838

1. Corporation Name
ANGOVE PROPERTIES, INC.

Principal Place of Business
P.O. BOX 2625
POMPANO BCH FL 33062

Mailing Address
P.O. BOX 2625
POMPANO BCH FL 33062

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 PM 1:17



REINSTATEMENT 99
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1799017		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		6. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

ANGOVE, RALPH
725 N. RIVERSIDE DRIVE #204
POMPANO BCH FL 33062

new home address

10. Name and Address of New Registered Agent

81. Name ANGOVE Ralph
82. Street Address (P.O. Box Number is Not Acceptable)
19333 SUMMERLIN RD #53
83. FT MYERS FLORIDA
84. City
85. Zip Code FL 33908

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

Ralph Angove 10/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP	1.1 TITLE	
NAME	ANGOVE, RALPH	1.2 NAME	
STREET ADDRESS	P O BOX 2625	1.3 STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BEACH FL 33072-2625	1.4 CITY-STATE-ZIP	
TITLE	SD	2.1 TITLE	
NAME	ANGOVE, FRANCES	2.2 NAME	
STREET ADDRESS	P O BOX 2625	2.3 STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BCH, FL 00000 33072-2625	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, or on an attachment with an address.

SIGNATURE:

Frances Angove
FRANCES ANGOVE

10/6/99

941-267-6005

CR2E034 (5/99)