## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

(0)

ANGLE	E ELECTRIC, INC.				
Principal Place of	of Business	Mailing Address		I 1001HF 01010 10111 01161 01181	BIIFA BIBI BIBII BIBII BFBIA BIBIA BIBIF BIBII 1881
6760 GLEN EAGLE DR. MIAMI LAKES FL 33014		6760 GLEN EAGLE DR. MIAMI LAKES FL 33014			
				3. Date Incorporated or Qualified 01/23/1976	3a. Date of Last Report 02/21/1995
2. Principal Plac		2a. Mailing Address	- ~4	4. FEI Number	Applied For
1 2293 W.76 STREET Suite, Apt. #, etc		26 //672 N.W. 5 St. Suite, Apt. #, etc.		59-1665943	Not Applicable
2 Suite, Apr. +,	, 6.0	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	M/	6. Election Campaign Financing	55.00 May Be
3 HIALEA	th Fl.	28 PLANTATION	PC	Trust Fund Contribution	Added to Fees
4 33016	25 USA	<del></del>	Country BO PE USI		or intangible tax under s 199.032, les \( \sum \) No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New	Registered Agent
WOODU	VADD EDWADD V				
WOODWARD, EDWARD V.			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
6760 GLEN EAGLE DR:- - MIAMI LAKES FL 33014				83 (1) 1	
MINIM L	ANCO I E SOUTH			ontalion	
			84 City		FL <sup>85</sup> 3332.C
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named cor	poration submits this statement for the	purpose of changing its registered office.
or registered	d agent, or both, in the State of Florid , and accept the obligations of, Secti	da. Such change was authorized l	by the corporation's b	pard of directors. I hereby accept the ap	opointment as registered agent. I am
SIGNATURE	,				
	grantie, typed or printed name of registered agent		Registered Agent signature reg	word when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TOLE	PD	[] DELETE	1. 1 TITLE		☑ 6Frange ☐ Addition
NAM:	WOODWARD, EDWARD V. 6760 GLEN EAGLE DR.		1 2 NAME	111022 N.W.5 StA	EET
STREET ADDRESS	MIAMI LAKES FL		1.3 STREET ADORESS	11672 N.W.S STA PLANTATION, FL.	3235
Crty-St-ZiP Tifle	STD	[] DELETE	1.4 CITY - ST - 2IP 2 1 TITLE	TLADIATION, I-L.	Change Addition
NAM <sub>L</sub>	WOODWARD, SHIRLEY B.		2.2 NAME		•
STREET ADDRESS	6760 GLEN EAGLE DR.		2 3 STREET ADDRESS	11672 N.W. 5	STREET
CHY-S1-ZIF	MIAMI LAKES FL		2.4 CITY-ST-ZIP	PLANTOHON, FL.	<i>કેકકે ઢ</i> િ
TOTEE		[] DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City - SE-ZiP			3.4 CITY - ST-ZIP		
TIELF		[] DELETE	4 1 1111.6		Change Addition
NAME			4.2 NAME		
STHEFT ADDRESS			4.3 STREET ADDRESS		
CHY-SI-ZIP		F1 no cic	4.4 CITY-ST-ZIP		Channa C Addition
TIPLE		☐ DEFE1E	5 1 TITLE		Change Addition
NAME STREET ADORESS			5.2 NAME 5.3 STREET ADDRESS		
City-S1-ZiF			5 4 CITY-ST-ZIP		
TIFLE		DEFELE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST ZIP			6 4 CITY - ST - ZIP		
14. I do hereby	certify that the information supplied v	with this filing is voluntarily furnished	ed and does not qualit	y for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further
certify that t oatn; that I a appears in E	the information indicated on this agnic ani an officer or director of the corre Block 12 or Block 13 if charged, or o	ual report or supplemental annual pation or the receiver or trustee en an an attack fleet, with an address	report is true and acc hipowered to execute	rate and that my signature shall have the this report as required by Chapter 607,	ne same legal effect as if made under Florida Statutes; and that my name

SIGNATURE: