

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

Amended

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *598840*
 1. Corporation Name
Angstrom Corporation

FILED
97 OCT 31 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
6671 W. Indiantown Rd, #58 **8587 SE Merritt Way**
Jupiter, FL 33458 **Jupiter, FL 33458**

2. Principal Place of Business 21 6671 W. Indiantown Rd. Suite, Apt. #, etc. 22 Suite 58 City & State 23 Jupiter, FL Zip Country 24 33458 25 USA	2a. Mailing Address 26 8587 SE Merritt Way Suite, Apt. #, etc. 27 n/a City & State 28 Jupiter, FL Zip Country 29 33458 30 USA
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3. Date Incorporated or Qualified 12/78	3a. Date of Last Report 05/97
4. FEI Number 59-1871147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Charles W. Whaley 8587 SE Merritt Way Jupiter, FL 33458	10. Name and Address of New Registered Agent 81 Name n/a (same agent) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> DELETE Charles W. Whaley 8587 SE Merritt Way Jupiter, FL 33458	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth Cook Thomas 17949 SE Federal Hwy. Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> DELETE Charles W. Whaley 8587 SE Merritt Way Jupiter, FL 33458	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	500002337995--6 -11/04/97--01083--003 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> DELETE Charles W. Whaley 8587 SE Merritt Way Jupiter, FL 33458	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> DELETE Charles W. Whaley 8587 SE Merritt Way Jupiter, FL 33458	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: *Charles W. Whaley* **Charles W. Whaley** **09/08/97** **561-746-3104**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)