FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:14

DOCUMENT # F94000002447 (0)

1. Corporation Name
THE ANGEL PLANES, INC.

Principal Place of Business	Mailing Address
2700 CHANDLER SUITE A8 LAS VEGAS NV 89120	2700 CHANDLER SUITE A8 LAS VEGAS NV 89120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:
4. FEI Number: 88-0209952 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MISHOULAM, ANN	12 NAME	
STREET ADDRESS	2700 CHANDLER AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89120	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DOUGALL, TIMOTHY	22 NAME	
STREET ADDRESS	4530 S. EASTERN	23 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89119	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KEIZER, JEFF	32 NAME	
STREET ADDRESS	801 S. 6TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89101	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	~~KEIZER, RANDY~~	42 NAME	Chuck Dixon
STREET ADDRESS	2700 CHANDLER AVE.	43 STREET ADDRESS	2700 Chandler, Ave.
CITY-ST-ZIP	LAS VEGAS NV 89102	44 CITY-ST-ZIP	Las Vegas, NV 89102
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHEFFLER, LARRY	52 NAME	
STREET ADDRESS	3351 S. HIGHLAND	53 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89109	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KEIFER, RANDY	62 NAME	
STREET ADDRESS	105 E. HARMON AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89109	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ann Mishoulam 1/17/95 (702) 261-0474
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0074071