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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 89120-4028

3. Date Incorporated or Qualified 05/11/1994

3a. Date of Last Report 02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 2756 N. Green Valley Pkwy.

26 2756 N. Green Valley Pkwy.

4. FEI Number 88-0209952

Applied For Not Applicable

Suite, Apt #, etc. #115

Suite, Apt #, etc. #115

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 #115 City & State Green Valley, NV

27 #115 City & State Green Valley, NV

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Green Valley, NV

28 Green Valley, NV

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 89014-2100 25 USA

29 89014-2100 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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	D	<input type="checkbox"/> DELETE
NAME	MOGEE, ANN	
STREET ADDRESS	2700 CHANDLER AVE.	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABRAHAM, JAMES G	
STREET ADDRESS	4432 SOUTH PECOS	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSESE, THOMAS M ED. D	
STREET ADDRESS	3046 EL CAMINO AVENUE	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIXON, CHURCK (Chuck)	
STREET ADDRESS	2700 CHANDLER AVE.	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHEFFLER, LARRY	
STREET ADDRESS	3351 S. HIGHLAND	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEIFER, RANDY	
STREET ADDRESS	105 E. HARMON AVE.	
CITY-ST-ZIP	LAS VEGAS NV 89109	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tracy Winslow	
1.3 STREET ADDRESS	111 Vista Lago Court	
1.4 CITY-ST-ZIP	Boulder City, NV 89005	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann Mogee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 (702) 261-0494
Date

CR2E037 (9/96)