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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.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #115

27 #115

City & State

City & State

23 Green Valley, NV

28 Green Valley, NV

Zip

Country

Zip

Country

24 89014-2100

25 USA

29 89014-2100

30 USA

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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 ☐ DELETE

NAME MOGEE, ANN
STREET ADDRESS 2700 CHANDLER AVE.
CITY-ST-ZIP LAS VEGAS NV

TITLE D ☐ DELETE

NAME ABRAHAM, JAMES G
STREET ADDRESS 4432 SOUTH PECOS
CITY-ST-ZIP LAS VEGAS NV

TITLE D ☐ DELETE

NAME CASSESE, THOMAS M ED. D
STREET ADDRESS 3046 EL CAMINO AVENUE
CITY-ST-ZIP LAS VEGAS NV

TITLE D ☐ DELETE

NAME DIXON, CHURCK (Chuck)
STREET ADDRESS 2700 CHANDLER AVE.
CITY-ST-ZIP LAS VEGAS NV

TITLE D ☐ DELETE

NAME SCHEFFLER, LARRY
STREET ADDRESS 3351 S. HIGHLAND
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE D ☐ DELETE

NAME KEIFER, RANDY
STREET ADDRESS 105 E. HARMON AVE.
CITY-ST-ZIP LAS VEGAS NV 89109

1.1 TITLE Director ☐ Change ☒ 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 ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Printed Name & Contact

CR2E037 (9/96)