

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 11 1995 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H51066 (9)**

1. Corporation Name  
**ANGEL GRAPHICS, INC.**

Principal Place of Business Mailing Address  
**WALTER G. WEST**  
307 N.W. DEARMAN ST.  
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date first reported by Officer 3a. Date of Last Report  
**04/08/1985** **05/01/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0104489	Applied For Not Applicable
22 State Apt # etc.	27 State Apt # etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Locality	29 Zip	30 Locality
7. The corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEST, WALTER G.**  
307 N.W. DEARMAN ST.  
PORT ST. LUCIE FL 34983-8531

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 067.071(2) 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 067.071(2), Florida Statutes.

SIGNATURE \_\_\_\_\_  
By the Registered Agent or Registered Agent in Charge

By the Registered Agent or Registered Agent in Charge

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '94

12.1 NAME PD WEST, WALTER G. 307 N.W. DEARMAN ST. PORT ST. LUCIE FL	13.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME SD WEST, SANDRA J. 307 N.W. DEARMAN ST. PORT ST. LUCIE FL	13.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME	13.3 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	13.4 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	13.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	13.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	13.7 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

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(1)(b), 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: *Walter S. WEST* WALTER G. WEST

5-5-95 (407) 466-9146