FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H55557 (3)

1. Corporate Name
ANGEL-BRITE, INCORPORATED

Principal Place of Business
515 TEAKWOOD DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
515 TEAKWOOD DRIVE
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 512 MOCKINGBIRD LN
Suite Apt. # 22
City & State 23 ALTAMONTE SPRINGS FL
Zip 24 32714 Country 25

2a. Mailing Address
26 512 MOCKINGBIRD LN
Suite Apt. # 27
City & State 28 ALTAMONTE SPRINGS FL
Zip 29 32714 Country 30

4. FEI Number: 59-2536217 — 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 elected for entitlement tax credit as provided in Florida Statutes: Yes / No X

9. Name and Address of Current Registered Agent
ANDRADE, LENICE
515 TEAKWOOD DRIVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 512 MOCKINGBIRD LN.
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

11. Pursuant to the provisions of Section 607.0505 and 607.0506, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both. The substance of the foregoing statement 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: 4/21/95

12. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	ANDRADE, CARL
STREET ADDRESS	515 TEAKWOOD DR
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	DPT
NAME	ANDRADE, LENICE
STREET ADDRESS	515 TEAKWOOD DR
CITY, ST, ZIP	ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994

TITLE	X Change / Addition
NAME	
STREET ADDRESS	512 MOCKINGBIRD LN
CITY, ST, ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	X Change / Addition
NAME	
STREET ADDRESS	512 MOCKINGBIRD LN
CITY, ST, ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and that I am qualified to do business in Florida under Section 607.0501, Florida Statutes. Further certify that I have complied with the requirements of Section 607.0502, Florida Statutes, and that the corporation shall be in compliance with the requirements of Section 607.0501, Florida Statutes, and that no name appears in the list of officers and directors of the corporation or in the name or function of officers or directors in the report or response to Chapter 607, Florida Statutes, and that no name appears in the list of officers and directors filed with an order

SIGNATURE: 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0039128 CP