

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 11:10:28

DOCUMENT # J23375 (5)

1. Corporation Name

ANGLER MASTER, INC.

Principal Place of Business

5000-A OAKES ROAD
FT. LAUDERDALE FL 33314-9119

Mailing Address

5000-A OAKES ROAD
FT. LAUDERDALE FL 33314-9119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1986

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2727339

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

2. Principal Place of Business

21 5000 OAKES ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 SUITE F

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

BORKAN, BURTON
5000-A OAKES ROAD
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5000 OAKES ROAD

83 SUITE F

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

Burton Borkan

BURTON BORKAN SECRETARY

6/15/95

For signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BORKAN, BILL
STREET ADDRESS	3364 NE 167TH ST
CITY - ST - ZIP	N MIAMI BEACH FL 33138
TITLE	DST
NAME	BORKAN, BURTON
STREET ADDRESS	3031 PRAIRIE AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	N. MIAMI BEACH, FL 33160
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	MIAMI BEACH, FL 33140
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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:

Burton Borkan

BURTON BORKAN

6/15/95

305-316-8100

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)

CR2E034 (3/95)