FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J23375** **(5)**

1. Corporation Name

ANGLER MASTER, INC.

Principal Place of Business	Mailing Address
~~5000 OAKS ROAD~~ ~~SUITE F~~ ~~FT. LAUDERDALE FL 33314-9119~~ ~~US~~	~~5000 A OAKES ROAD~~ ~~FT. LAUDERDALE FL 33314-9119~~

3. Date Incorporated or Qualified: **07/10/1986**
3a. Date of Last Report: **06/21/1995**

2. Principal Place of Business	2a. Mailing Address
21 12000 BISCAYNE BLVD.	26 12000 BISCAYNE BLVD.
Suite, Apt. #, etc. 22 SUITE 502	Suite, Apt. #, etc. 27 SUITE 502
City & State 23 N. MIAMI, FL.	City & State 28 N. MIAMI, FL
Zip 24 33181	Country 25 USA
Zip 29 33181	Country 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BORKAN, BURTON ~~5000 OAKS ROAD~~ ~~SUITE F~~ ~~FT. LAUDERDALE FL 33314~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD. 83 SUITE 502 84 City N. MIAMI FL 85 Zip Code 33181

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 DATE 4/24/96
(Signature, typed or printed name of registered agent and date required) (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BORKAN, BILL 3364 NE 167TH ST ~~N. MIAMI BEACH FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-S-ZIP	☑ Change ☐ Addition N. MIAMI BEACH, FL. 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BORKAN, BURTON 3031 PRAIRIE AVE. ~~N. MIAMI BEACH FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition MIAMI BEACH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 900001831669 -05/21/96--01041--045 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition SV 5.1

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 4/24/96 305-893-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)