


FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J27504		(6)			
1. Corporation Name ANGLER'S REALTY, INC.					
Principal Place of Business 111 EAST CARROLL STREET P. O. BOX 85 ISLAMORADA FL 33036 US			Mailing Address P.O. BOX 65 ISLAMORADA FL 33036 US		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt #, etc.			26 Suite, Apt #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24 25			29 30		
9. Name and Address of Current Registered Agent					
MIKLAS, JOE 88765 OVERSEAS HIGHWAY TAVERNIER FL 33070				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
1. TITLE		DP		<input type="checkbox"/> DELETE	
2. NAME		STANLEY, ELIZABETH			
3. STREET ADDRESS		111 E CARROLL STREET			
4. CITY - ST - ZIP		ISLAMORADA FL			
5. TITLE				<input type="checkbox"/> DELETE	
6. NAME					
7. STREET ADDRESS					
8. CITY - ST - ZIP					
9. TITLE				<input type="checkbox"/> DELETE	
10. NAME					
11. STREET ADDRESS					
12. CITY - ST - ZIP					
13. TITLE				<input type="checkbox"/> DELETE	
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17. TITLE				<input type="checkbox"/> DELETE	
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27. STREET ADDRESS					
28. CITY - ST - ZIP					
29. TITLE				<input type="checkbox"/> DELETE	
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31. STREET ADDRESS					
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33. TITLE				<input type="checkbox"/> DELETE	
34. NAME					
35. STREET ADDRESS					
36. CITY - ST - ZIP					
37. TITLE				<input type="checkbox"/> DELETE	
38. NAME					
39. STREET ADDRESS					
40. CITY - ST - ZIP					
41. TITLE				<input type="checkbox"/> DELETE	
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52. CITY - ST - ZIP					
53. TITLE				<input type="checkbox"/> DELETE	
54. NAME					
55. STREET ADDRESS					
56. CITY - ST - ZIP					
57. TITLE				<input type="checkbox"/> DELETE	
58. NAME					
59. STREET ADDRESS					
60. CITY - ST - ZIP					

SIGNATURE: Elizabeth A. Stanley ELIZABETH A. STANLEY 3/15/98 305664-9166