

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
Jul 31 1996 8:00 am
Secretary of State

DOCUMENT #

L05950

1. Corporation Name

ANGELIA GORDON PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4030 DIJON DRIVE
ORLANDO, FL 32808

SAME

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State 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

3. Date Incorporated or Qualified

3a. Date of Last Report

8/1/88

4. FET Number

Applicable or Not Applicable

59-2958331

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 filing the Tax under S. 190.032 Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

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 obtaining its registered office or registered agent or both in the State of Florida. Such statement was adopted by the corporation's board of directors, thereby accepting the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12

OFFICER, DIRECTOR, OR SECRETARY

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

13

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, 12

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelia Gordon
Angelia Gordon

900001909849
-07/31/96--01066--010
***61.25

7/17/96

7/31/96

CR2E034 (3/96)