SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Aug 05 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L05950
1. Corporation Name

(5)

ANGELIA GORDON PROPERTY MANAGEMENT, INC.

Principal Place of Business Mailing Address						. III. 1 0.01. 91011 01011 EIEU IIII 1001
4015 BAYSHORE BOULEVARD 4015 BAYSHORE BOULEVARD 4015 BAYSHORE BOULEVARD 5UT(E 4 A			10-			
TAMPA PL-330	TAMPA-FL-80614-			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last Report
					07/28/1989	05/01/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
26					59-2958331	Not Applicable
224030	BIJON DRIVE		CNC	DRIVE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	ANDO FLORIDA	City & State ORLANDO	FLO	RIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7120000	Countr	SA-	8. This corporation owes or has pa	aid the currept year Intangible
24 328	25 USA	29 32808 3		SA-	Personal Property Tax due June	30. 🗹 Yes 🔲 No
3. Name and Address of Correct Hegistered Agent				· ··-	10. Name and Address of New Re	gistered Agent
GORDON, ANGELIA L. 81 Name				Name		
4030 DIJON DR				Street Addre	ess (P.O. Box Number is Not Acceptate	ole)
ORLANDO FL 32808						
			83	1		
			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.						
	m laminar war, and decopt the bongar	10113 01, 0001011 001 10000, 1 1011	aa Giaiaio			į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NQTE: F	Registered Ag	ont signature require	od when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PSD	DELETE	1.1 TITLE	ļ		Change Addition
NAME	GORDON, ANGELIA L		1.2 NAME			
STREET ADDRESS	4030 DIJON DR		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY -	ST-ZIP		
TITLE	The state of the s		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS	4162 VERSAILLES DR.		2.3 STREE	T ADDRESS	• •	1
CITY-ST-ZIP	ORLANDO FL 32808		2. 4 CITY -	S1-ZIP		
TITLE	VP	☐ DELETE 3.1				Change Addition
NAME	TINKES, CURTIS		3.2 NAME			Ì
STREET ADDRESS	4030 DIJON DR		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		3.4. CITY-	S1-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	. [
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-:			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREE	T ADDRESS		l
CITY-ST-ZIP			5.4 CITY-			Ì
TITLE		DELETE	61 TITLE			Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 trusted 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 City-St-Zip