

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **M45085**  
1. Corporation Name  
**Angie's PLACE, Inc.**

Principal Place of Business Mailing Address  
**404 SE 1<sup>st</sup> Ave** **Same**  
**Florida City, Fl. 33034**

1062  
**FILED**  
**97 SEP -2 AM 10:46**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/20/1987		3/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2759493		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**Strano, Angie**  
**404 S.E. 1<sup>st</sup> Avenue**  
**Florida City, Fl. 33034**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	11 TITLE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12 NAME	12 NAME					
STREET ADDRESS	13 STREET ADDRESS	13 STREET ADDRESS					
CITY-ST-ZIP	14 CITY-ST-ZIP	14 CITY-ST-ZIP					
TITLE	21 TITLE	21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	22 NAME	22 NAME					
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS					
CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP					
TITLE	31 TITLE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32 NAME	32 NAME					
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS					
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP					
TITLE	41 TITLE	41 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42 NAME	42 NAME					
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS					
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP					
TITLE	51 TITLE	51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52 NAME	52 NAME					
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS					
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP					
TITLE	61 TITLE	61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62 NAME	62 NAME					
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS					
CITY-ST-ZIP	64 CITY-ST-ZIP	64 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Angie A. Strano** **8-29-97 (305) 245-8939**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

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Angie's Place Inc.  
404 S.E. 1 Avenue  
Florida City, Fl. 33034

August 12, 1997

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

Re.: Angie's Place Inc.  
Document # M45085  
Corporation Annual Report: 1997

In reply to the Second Notice 1997 for the Annual Report our records show that this Report was filed February 1997 with a check in the amount of \$ 165.00 included.


Bank records research did not show a disbursement for check #15378/\$165.00.

It must be assumed that for whatever reason the check was never tendered for disbursement or that the Report and the check never reached the Department of State.

It is requested that the penalty for late filing may be waived.

Since the Second Notice Report is due:Sept.7, 1997 a speedy response to the request for waiver will be greatly appreciated.

Sincerely

  
Angie Munano-Quinones  
Pres.