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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005903 (9)

1. Corporation Name

ANGELS' HOME, INC.



Principal Place of Business

Mailing Address

22040 PALMS WAY
APT. #105
BOCA RATON FL 3343322040 PALMS WAY
APT. #105
BOCA RATON FL 33433-80313. Date Incorporated or Qualified
12/01/19943a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 1505 GALLINULE CIRCLE
Suite, Apt. #, etc.26 PO Box 273921
Suite, Apt. #, etc.

22

27

23 DELRAY BEACH, FL
City & State28 BOCA RATON, FL
City & State24 33444
Zip Country29 33427
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSTON, PAULA F
22040 PALMS WAY
APT. #105
BOCA RATON FL 33433B1 Name
CAFFERTY, MICHAEL J.
B2 Street Address (P.O. Box Number is Not Acceptable)
1505 GALLINULE CIRCLE
B3 DELRAY BEACH, FL 33444
B4 City
DELRAY BEACH FL 33444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, Sections 617.0503, Florida Statutes.

SIGNATURE: [Signature] MICHAEL J. CAFFERTY, PRESIDENT 21 APR 97
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 DV
NAME CAFFERTY, MICHAEL J
STREET ADDRESS 1505 GALLINULE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DT
NAME BRAUND, ALBERT J
STREET ADDRESS 5701 CAMINO DEL SOL #302
CITY-ST-ZIP BOCA RATON FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME BRAUND, ALBERT J
STREET ADDRESS 5701 CAMINO DEL SOL #302
CITY-ST-ZIP BOCA RATON FL 334333.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME BROWN, JEFF M ESQ.
STREET ADDRESS 750 S. DIXIE HIGHWAY
CITY-ST-ZIP BOCA RATON FL 334314.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DS
NAME MONTGOMERY, CHRISTINE
STREET ADDRESS 2848 NW 30TH STREET
CITY-ST-ZIP BOCA RATON FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] MICHAEL J. CAFFERTY 21 APR 97 (56) 243-0303
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0042128

CR2E037 (9/96)