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Sep 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N97000004771*
 1. Corporation Name
THE ANGELS OF CHARITY, INC.

Principal Place of Business	Mailing Address
<i>2531 WINDSOR WAY CT. WEST PALM BEACH, FL 33414</i>	<i>2531 WINDSOR WAY CT. WEST PALM BEACH, FL 33414</i>

3. Date Incorporated or Qualified <i>AUGUST 21, 1997</i>
4. FEI Number <i>65-0791511</i>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

*MITCHELL BERKOWITZ, P.A.
2601 N. Ocean Ave.
SUITE F
Singer Island, FL 33404*

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<i>100002639151</i>
83	<i>-09/14/98--01146--030</i>
84 City	<i>***8.75</i>
85 Zip Code	<i>FL</i>

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, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>P/D</i>	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		DOROTHY A. SULLIVAN	
1.3 STREET ADDRESS		2531 WINDSOR WAY CT.	
1.4 CITY-ST-ZIP		WEST PALM BEACH, FL. 33414	
2.1 TITLE	<i>V</i>	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		DEBORAH TORNABEN	
2.3 STREET ADDRESS		10254 HUNT CLUB LANE	
2.4 CITY-ST-ZIP		PALM BEACH GARDENS, FL. 33418	
3.1 TITLE	<i>V</i>	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		DENISE SIEGEL	
3.3 STREET ADDRESS		13767 Le Bateau LANE	
3.4 CITY-ST-ZIP		PALM BEACH GARDENS, FL. 33410	
4.1 TITLE	<i>T/D</i>	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		PAMELA O. GEBAUER	
4.3 STREET ADDRESS		13811 ISHUALA CIRCLE	
4.4 CITY-ST-ZIP		WEST PALM BEACH, FL. 33414	
5.1 TITLE	<i>S/D</i>	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		JOAN S. MILLER	
5.3 STREET ADDRESS		2000 EMBASSY DRIVE	
5.4 CITY-ST-ZIP		WEST PALM BEACH, FL. 33401	
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Pamela O. Gebauer* July 28, 1998 838-8752

CR2E037 (10/97)