SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 25 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008595 (0)

1. Corporation Name
ANGELICA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
18920 SR. 52 STE 500 LAND O' LAKES FL 34639 US	11909 PASCO TRAILS BLVD. STE 500 SPRING HILL FL 34610 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1900 Land O'Lakes Blvd
Suite, Apt. #, etc.: 22 Suite #117
City & State: 23 Lutz, FL ~~33549~~
Zip: 24 33549 Country: 25 Pasco

2a. Mailing Address: 26 1900 Land O'Lakes Blvd
Suite, Apt. #, etc.: 27 Suite #117
City & State: 28 Lutz, FL
Zip: 29 33549 Country: 30 Pasco

3. Date Incorporated or Qualified: 12/02/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0376704 ☐ Applied For ☐ Not Applicable
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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RIVERA, ANGELICA
11909 PASCO TRAILS BLVD.
STE 500
SPRING HILL FL 34610

10. Name and Address of New Registered Agent
81 Name: Rivera, Angélica
82 Street Address (P.O. Box Number is Not Acceptable): 11909 Pasco Trails Blvd.
83
84 City: Spring Hill FL 85 Zip Code: 34610

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: Angélica Rivera Angélica Rivera - Director/President DATE: 7-13-95
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	RIVERA, ANGELICA	1 2 NAME	Rivera, Angélica
STREET ADDRESS	11909 PASEO TRAILS BLVD	1 3 STREET ADDRESS	11909 Pasco Trails Blvd
CITY ST ZIP	SPRING HILL FL	1 4 CITY ST ZIP	Spring Hill, Fl 34610
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Angélica Rivera Angélica Rivera 7-13-95 813 996-6756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0167274 FP