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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9200008595

ANGELICA & ASSOCIATES, INC.

| Principal Place   | e of Business  | Mailing Address   |   |  |  | 1                                      |                |                 |                         |   |
|---|--|---|---|--|--|--|----------------|-----------------|-------------------------|---|
| 4111 LAND O'L   | AKES BLVD  | 4111 LAND O'LAKE  | S BLVD  |  |  |  |                |                 |                         |   |
| SUITE 303-1   |  | Suite 303-i   |   |  | _  | <u> </u>                               |                |                 |                         |   |
| LAND O'LAKES FL 34639   |  | LAND O'LAKES FL 34639   |   |  | DO NOT WRITE IN THIS SPACE                                 |  |                |                 |                         |   |
| US ·  |  | US  |   |  |  | <ol><li>Date Incorporated</li></ol>    | or Qualifed    |                 |                         |   |
|   |  |   |   |  |  | 12/02/1992                             |                |                 |                         |   |
| 2. Principal Pi   | lace of Business   | 2a. Mailing Addres  | ss  |  |  | 4. FEI Number                          |                |                 |                         | Applied For   |
| 21  |  | 26  |   |  | 65-0376704   |  |                |                 | Not Applicable          |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |  | _              | \$8.75          | Additional              |   |
|   |  |   |   |  | 5. Certifcate of Statu                                     | s Desired                              |                |                 | Required                |   |
| 22  |  | City & State  |   |  | 0.5::  | - Cii                                  |                | . EF O          | May Be                  |   |
| City & State  |  |   |   |  | 6. Election Campaign                                       | _                                      |                |                 | U May Be →<br>d to Fees |   |
| 23  |  | 28  |   |  |  | Trust Fund Contril                     |                |                 |                         | <u> </u>  |
| Zip   | Country  | Zip   |   | ountry   |  | 8. This corporation o                  |                | nt year inte    | _                       | <b>13</b> 6   |
| 24  | 25   | 29  | 30  |  |  | Personal Property                      |                |                 | ∐ Yes                   | No  |
|   | 9. Name and Address of Current   | Registered Agent  |   | <u> </u>   |  | 10. Name and Addre                     | ss of New Re   | gistered        | Agent                   |   |
|   | _  |   |   | 81   | Name   |  |                |                 |                         |   |
| rivera, angelica  |  |   |   | 82   | Street Address (P.O. Box Number is Not Acceptable)         |  |                |                 |                         | <del> </del>  |
| 11909 PASCO TRAILS BLVD.  |  |   |   | 02   | Suggi Ad   | MIRSS (F.O. DOX MUITIDE) IS            | Not Acceptab   | 40)             |                         |   |
| SPRING HILL FL 34610  |  |   | <del></del>   | 83   |  |  | <del></del>    |                 |                         |   |
|   |  |   |   | 84   | City   |  |                |                 | 85 Zi                   | p Code  |
|   |  |   |   |  | -  |  |                | <u></u>         | _ل_ك                    | <del> </del>  |
| 11. Pursuant  | to the provisions of Sections 607.0502 egistered agent, or both, in the State of     | 2 and 607.1508, Florida   | a Statutes, the   | above  | -named co  | orporation submits this state          | ment for the p | urpose of       | changing i              | its registered  |
| office of f   | egistered agent, or both, in the State t<br>im familiar with, and accept the obligat | ions of, Section 607.05   | 505, Florida St   | atutes.  | uio corpora  | audit a board of directors. I i        | .3~            | 3/-             |                         | . 09.0.0.00   |
| ū   |  |   | · · ·   |  |  |  | 4-             | 2-9             | 9                       |   |
|   |  |   |   |  |  |  |                |                 |                         |   |
| SIGNATURE   |  | t and title if applicable.  | (NOTE: Registe  | red Agen   | t signature requ   | uired when reinstating)                |                | DATE            |                         |   |
|   | Signature, typed or printed name of registered agen OFFICERS AN                      | t and title if applicable.  | (NOTE: Registe  |  | t signature requ   | uired when reinstating) ADDITIONS/CHAN | GES TO OFFI    | DATE<br>CERS AN | D DIREC                 | TORS IN 12  |
| 12.   | Signature, typed of printed name of registered agen OFFICERS AN                      | t and title if applicable.  | 1:  |  | t signature requ   |  | GES TO OFFI    | CERS AN         | D DIREC                 |   |
| 12.   | Signature, typed of printed name of registered agen OFFICERS AN                      | t and title if applicable.  D DIRECTORS                               | 1;<br>LETE 1.1  | 3.   | t signature requ   |  | GES TO OFFI    | DATE<br>CERS AN |                         |   |
| 12.<br>TITLE<br>NAME  | Signature, type of printed name of redistored agen OFFICERS AN D RIVERA, ANGELICA    | t and title if applicable.  D DIRECTORS                               | 1:<br>LETE 1.1  | 3.<br>TITLE  |  |  | GES TO OFFI    | DATE<br>CERS AN |                         |   |
| 12.   | OFFICERS AN  OFFICERS AN  OFFICERS AN  RIVERA, ANGELICA  119090 PASCO TREAILS BLVD   | t and title if applicable.  D DIRECTORS                               | 1:<br>LETE 1.1<br>1.2   | 3.<br>TITLE<br>NAME  | ADDRESS  |  | GES TO OFFI    | CERS AN         |                         |   |
| 12.<br>TITLE<br>NAME  | Signature, type of printed name of redistored agen OFFICERS AN D RIVERA, ANGELICA    | t and title if applicable.  D DIRECTORS  DEL                          | 1:<br>LETE 1.1<br>1.2<br>1.3  | 3. TITLE NAME STREET   | ADDRESS  |  | GES TO OFFI    | DATE<br>CERS AN | Chang                   | e 🔲 Addition  |
| 12. TITLE NAME STREET ADDRESS   | OFFICERS AN  OFFICERS AN  OFFICERS AN  RIVERA, ANGELICA  119090 PASCO TREAILS BLVD   | t and title if applicable.  D DIRECTORS                               | 1:<br>LETE 1.1<br>1.2<br>1.3  | 3.<br>TITLE<br>NAME  | ADDRESS  |  | GES TO OFFI    | DATE<br>CERS AN |                         | e 🔲 Addition  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AN  OFFICERS AN  OFFICERS AN  RIVERA, ANGELICA  119090 PASCO TREAILS BLVD   | t and title if applicable.  D DIRECTORS  DEL                          | 1:<br>LETE 1.1<br>1.2<br>1.3<br>1.4<br>LETE 2.1   | 3. TITLE NAME STREET   | ADDRESS  |  | GES TO OFFI    | DATE<br>CERS AN | Chang                   | e 🔲 Addition  |
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE**