

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**

**Florida Secretary of State  
DIVISION OF CORPORATIONS**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JUN 30 AM 9:20**

**DOCUMENT # P93000045549 (1)**

1. Corporation Name  
**ANGEL EYES, INC.**

Principal Place of Business Mailing Address  
**7070 VILLA LANTANA WAY  
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/23/1993** 3a. Date of Last Report **07/21/1994**  
4. FEI Number **65-0424143** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATALANO FISHER GREGORY & CROWN CHARTERED  
4001 TAMAMI TRAIL NORTH  
SUITE 404  
NAPLES FL 33940**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 fee if applicable)

(Print) Registered Agent signature required when registering

(Date)

12. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **KEYSER, DAWN H**  
STREET ADDRESS **7070 VILLA LANTANA WAY**  
CITY ST ZIP **NAPLES FL 33963**  
TITLE **S**  
NAME **KEYSER, DAWN H**  
STREET ADDRESS **7070 VILLA LANTANA WAY**  
CITY ST ZIP **NAPLES FL 33963**  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

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 110.07(1)(b), 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 (changed, or is an officer/director with an address).

SIGNATURE:

*Dawn H. Keyser* **DAWN H. KEYSER**  
Signature and Title of Registered Agent or Director

**6/27/95** **813-591-0485**  
Date Telephone

CR2E034 (3/95)