SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996 7-12-96 B-7895-C

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

DOCUMENT # **P93000046765 (2)**

1. Corporation Name

PERFECT ANGELS, INC.

Principal Place of Business	Mailing Address
224 E. STUART AVENUE **LAKE WALES FL 33853**	**224 E. STUART AVENUE** **LAKE WALES FL 33853**

3. Date Incorporated or Qualified: **06/25/1993**
3a. Date of Last Report: **06/06/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3202442** ☐ 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

CLARK, KATHY M
1071 SUNSET DRIVE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: CLARK, KATHY M
82 Street Address (P.O. Box Number is Not Acceptable): PERFECT ANGELS
83: 224 E. STUART AVENUE
84 City: LAKE WALES FL 85 Zip Code: 33853

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: Kathy M. Clark — 7/8/96
Signature of president or another officer or registered agent, and the title if applicable. (NOTE: Registered Agent signature required when filing.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CLARK, KATHY M		12 NAME	
STREET ADDRESS	418 S. 12TH ST.		13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL		14 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, FORREST		22 NAME	
STREET ADDRESS	418 S. 12TH ST.		23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL		24 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MANRY, W. E JR.		32 NAME	
STREET ADDRESS	1071 SUNSET DR.		33 STREET ADDRESS	
CITY-ST-ZIP	LAKES WALES FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathy M Clark — 7/8/96 — 941-678-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #