

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 *12005*

APPROVED AND FILED

95 MAY -1 AM 8:01

CORPORATION,
ANN. A. REV. 1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068940 (4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANGELL'S TOTAL MANAGEMENT SERVICES, INC.

549 SUTTON PLACE
LONGBOAT KEY FL 34228
US

EDNIE
5372 KNOLLWOOD PLACE
SARASOTA FL 34208

2. Filing jurisdiction	2a. Mailing address	3. Date of incorporation	3a. Date of last report
21. State Act #	26. <i>549 Sutton Pl.</i>	09/29/1993	05/01/1994
22. City	27. <i>LONGBOAT KEY</i>	4. Filing fee	Applied For / Not Applicable
23. State	28. <i>MANATEE</i>	5. Certificate of State Debent	\$8.75 Additional Fee Required
24. Zip Code	29. <i>34228</i>	6. Election Campaign Financing	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ANGELL, CAROL
549 SUTTON PLACE
LONGBOAT KEY FL 34228

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

11. Pursuant to the provisions of Sections 607.01(1) and 607.02(1) of the Florida Statutes, the above-named corporation admits this statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(1) and 607.02(1) of the Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TYPE	DP	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELL, CAROL A	NAME	
STREET ADDRESS	549 SUTTON PLACE	STREET ADDRESS	
CITY	LONGBOAT KEY FL	CITY	
TYPE	DSVP	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, GARY A	NAME	
STREET ADDRESS	5372 KNOLLWOOD PLACE	STREET ADDRESS	
CITY	SARASOTA FL	CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I hereby certify that the information required with this filing is complete, true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information indicated on this filing is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I hereby certify that the information indicated on this filing is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: *Carol Angell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95
813 3870406