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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000068940 (4) **DOCUMENT #**

ANGELL'S TOTAL MANAGEMENT SERVICES, INC.

Principal Place of	Business	Mailing Address			
549 SUTTON PLACE LONGBOAT KEY FL 34228		549 SUTTON PL LONGBOAT KEY FL S	94228		
US US				 Date Incorporated or Qualified 09/29/1993 	3a. Date of Last Report 05/01/1995
. Principal Prace of Business 591 RUSSELL STREET		2a. Mailing Address 26 591 RUSSELL STREET		4. FEI Number 65-0439482	Applied For Not Applicable
Suite Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State LONGBOAT KEY		City & State 28 LONGBOAT KEY		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
2ip 4 34225	Country 25 MANATEE	Zip 29 34223	Country 30 MANATEE		💢 No
1.1	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New R	legistered Agent
ANGELL,	CAROL FON PLACE			dress (P.O. Box Number is Not Acceptab	ole)
	AT KEY FL 34228		83	RUSSELL SINGEI	
			84 City		FL 85 Zip Code
SIGNATURE	and accept the obligations of, Sec		Caral Cu OTE Registered Agent signature requi	2 · 5 · 9 6 ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12
12.	OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/GITANGES TO SET	XX Change Addition
T !1F	ANGELL, CAROL A	<u></u>	1.2 NAME		-
NAME STREET ACORESS	549 SUTTON PLACE LONGBOAT KEY FL		1.3 STREET ADDRESS	591 RUSSELL STREE	T
CUTY-ST-709	DSVP	DELETE	1.4 C(TY-ST-Z(P) 2.1 TH/LE		Change Addition
TITLE	TAYLOR, GARY A		2.2 NAME		
NAMES ANDRESS	5372 KNOŁŁWOOD PLACE SARASOTA FL		2 3 STREET ADDRESS	2213 Wason Road	
Uly Style		DELETE	3 1 THLE	DST	Change XX Addition
N1M!			3.2 NAME	SULTENFUSS, STEPHE	ON G.
SUMEE: ADDRESS			3.3 STREET ADDRESS	591 RUSSELL STREET	
URLY - Sif - ZiF			3.4 CITY-ST-ZIP	LONGBOAT KEY, FL.	
THE		☐ DELFIE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET AUDRESS			4.3 STREET ADDRESS		
CITY ST ZIP		FINGER	4.4 City - S1 - ZiP 5 1 YiflE		☐ Change ☐ Addition
100		☐ DELE1E	5 1 MLE 52 NAME		D average C traduction
NAM			5.2 NAME 5.3 STREET ADDRESS		
SCHELL ADORESS			5.4 CHY-S1-7IP		
1 10F		DELETE	6 1 TITLE		Change Addition
- 10.5			62 NAME		

STREET ANDRESS

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 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 cath; 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.