

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000072635 (4)**

1. Corporation Name

ANGLEY & SHAUGHNESSY ASSOCIATES, INC.



Principal Place of Business

**1202 REPUBLIC COURT
POMPANO BEACH FL 33073**

Mailing Address

**11 MT LAUREL DR
CLIFTON PARK NY 12065
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, 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

**HCRM CORP.
2200 CORPORATE BLVD, NW
SUITE 401
BOCA RATON FL 33431**

3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
02/17/1995

4. FEI Number

65-0446359

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

10. Name and Address of New Registered Agent

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 of Registered Agent (if not same as that of the corporation)

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

V

☐ DELETE

11.2 NAME

SHAUGHNESSY, MICHAEL S

11.3 STREET ADDRESS

1 BIACH KILL LN

11.4 CITY-STATE-ZIP

TROY NY

11.5 TITLE

P

☐ DELETE

11.6 NAME

ANGLEY, GEORGE T

11.7 STREET ADDRESS

11 MT LAUREL DR

11.8 CITY-STATE-ZIP

CLIFTON PARK NY

11.9 TITLE

☐ DELETE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY-STATE-ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY-STATE-ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY-STATE-ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☒ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-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 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.

SIGNATURE:

George T. Angley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George T. Angley President 2/15/96 - 518-371-4763
EXT 2359

CR2E034 (12/95)