FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME Street address

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027710 (0)

STAN & ELLEN'S LITTLE ANGELS, INC.

Mailing Address Principal Place of Business 6394 NW 39TH ST 6394 NW 39TH ST CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1994 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 65-0483401 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KESTECHER, STAN 6394 NW 39TH ST Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33067 83 Zip Code 84 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 registimed agent and title if applicable (NOTE: Registered Agent signature required when re-installing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ___ Addition DELETE 1.1 TITLE TITLE KESTECHER, STAN 1.2 NAME NAME 6394 NW 39TH ST 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE KESTECHER, ELLEN 2.2 NAME NAME 6394 NW 39TH ST 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report on suppliemental almual report is true fund 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 charged or on an attaching it with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY - ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

DELETE

DELETE

c/98 (954)-340-130

Addition

Addition

Addition

Change

Change

Change

FILED

May 06 1998 8:00am

Secretary of State