

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 PM 1:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000042432 (2)

1. Corporation Name

ANGELIC DREAMS, INC.

Principal Place of Business

**8931 NORTHWEST 78TH PLACE
SUITE 444
TAMARAC FL 33321**

Mailing Address

**8931 NORTHWEST 78TH PLACE
SUITE 444
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/02/1994

3a. Date of Last Report

4. FEI Number

65-050-2116

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAY, KENNETH A
8850 N.W. 77TH CT.
TAMARAC FL 33321**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8931 NW 78TH PL

83 Suite, Apt. #, etc.

#444

84 City

TAMARAC

FL

85 Zip Code

33321

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

**MAY, KENNETH A
8850 N.W. 77TH CT.
TAMARAC FL 33321**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**MAY, CHERYL E
8850 N.W. 77TH CT.
TAMARAC FL 33321**

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/V/S

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

8931 NW 78TH PL, #444

1.4 CITY - ST - ZIP

TAMARAC, FL 33321

2.1 TITLE

D/V/S

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

8931 NW 78TH PL, #444

2.4 CITY - ST - ZIP

TAMARAC, FL 33321

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 registered agent 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 applicable or in an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (30) 724-1188