

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90093 042 ***150.00

0434599

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000043242

1. Corporation Name
JUST ANGELS, INC.



Principal Place of Business
**9115 RIDGE RD
 NEW PORT RICHEY FL 34654
 US**

Mailing Address
**8408 UNITY DR
 PORT RICHEY FL 34654
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **9115 Ridge Rd**
 Suite, Apt. #, etc.
 22
 City & State
 23 **New Port Richey FL**
 Zip Country
 24 **34654** 25 **PASCO**

2a. Mailing Address
 26 **8408 UNITY DR**
 Suite, Apt. #, etc.
 27
 City & State
 28 **PORT RICHEY FL**
 Zip Country
 29 **34668** 30 **PASCO**

3. Date Incorporated or Qualified
06/09/1994

4. FEI Number
59-3251138 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**BRAY, SHIRLEY A
 8408 UNITY DRIVE
 PORT RICHEY FL 34668**

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 *Shirley Bray* DATE **2-20-99**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PVST <input type="checkbox"/> DELETE
NAME	BRAY, SHIRLEY A
STREET ADDRESS	8408 UNITY DRIVE
CITY-ST-ZIP	PORT RICHEY FL 34668
TITLE	D <input type="checkbox"/> DELETE
NAME	BRAY, SHIRLEY A
STREET ADDRESS	8408 UNITY DRIVE
CITY-ST-ZIP	PORT RICHEY FL 34668
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Shirley Bray* DATE **2-20-99** Daytime Phone # **227-847-0923**
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)