

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
GORDON B. MONTAG
Secretary of State
1900 BANK ONE CENTER, SUITE 400
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

SEP 29 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070527 (4)

1. Name of Corporation

ANGEL CONNECTION, INC.

Principal Place of Business
**311 S.E. MIZNER BLVD., #61
BOCA RATON FL 33432**

Principal Place of Business
**311 S.E. MIZNER BLVD., #61
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

09/26/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FFI Number

65-0523759

Applied For

Not Applicable

State Apt. # etc.

State Apt. # etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

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8. This Corporation has authority for submission for under 174.002
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EBERHARD, DAVID
311 S.E. MIZNER BLVD., #61
BOCA RATON FL 33432**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to this provision of laws to register and file in Florida Statutes, the Board of Directors of the corporation submits the statement for the purpose of changing the registered office or registered agent, as follows: The corporation has authorized the person(s) listed below to accept the appointment as registered agent. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibility of the person(s) listed below.

SIGNATURE

12.

13.

ADDITIONAL CHANGES TO OFFICES AND AGENTS

**D
EBERHARD, DAVID
311 S.E. MIZNER BLVD., #61
BOCA RATON FL 33432**

NAME

Street Address

City & State

NAME

Street Address

City & State

NAME

Street Address

City & State

NAME

Street Address

City & State

NAME

Street Address

City & State

NAME

Street Address

City & State

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and does not apply for the exemption stated in Section 174.002, Florida Statutes. I further certify that this information was obtained from the source(s) listed on the application and 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 record of the corporation is correct and that the report is required by Chapter 174, Florida Statutes, and that my name appears in the records of the Florida Department of State as an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42485

407-347-8590