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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

200-113 SOUTE LOSSE 721 U.S. ROVER 1 7/15

## DOCUMENT # P94000073429 (0)

AFFORDABLE ANGELS, INC.

200.00 ROUTE LANS. 721 U.S. ROUTE / "/IS

NORTH PALM BEACH FL 33408-4611 NORTH PALM BEACH FL 33408 3. Date Incorporated or Qualified 3a. Date of Last Report 10/05/1994 06/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0523917 721 U.S. Rours 1 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country This corporation has liability for intangible tax under s. 199.032, U. S. A -334os Yes 🔲 No 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LESCROART, JOHN E 81 Name 636 US ROUTE 1, 4814 721 U.S. ROUTE / #115 82 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typics or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE SAME Change Addition TITLE 1.1 TITLE LESCROART, JOHN E. NAME 1.2 NAME 1618 TWELVE OAKS WAY, #305 1.3 STREET ADDRESS North Palm Beach Fl 1.4 CITY - ST - ZIP CITY ST-ZIP VS DELETE SAME Addition TITLE 2.1 TITLE Change LESCROART, DONA J. NAME 2.2 NAME 1618 TWELVE OAKS WAY, #305 STREET ADDRESS 2.3 STREET ADDRESS NORTH PALM BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition Title NAME 4. 2 NAME

14. I do 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.

4.3 STREET ADDRESS 4.4 City-St-ZiP

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY - ST - ZiP

STREET ADORESS

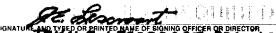
CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



DELETE

DELETE

3/5/97 561-849-9255

☐ Change

Change

Addition

Addition

FILED

Mar 10 1997 8:00am

Secretary of State