FILED

Jul 15, 1999 8:00 am

Secretary of State

07-15-1999 90003 022 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

721 US ROUTE 1, #115

NORTH PALM BEACH FL 33408

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P94000073429

AFFORDABLE ANGELS, INC.

Principal Place of Business

721 US ROUTE 1. #115 NORTH PALM BEACH FL 33408

US

10/05/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0523917 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Zip Country 8. This corporation owes the current year Intangible Personal Property. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LESCROART, JOHN E 82 Street Address (P.O. Box Number is Not Acceptable) 721 US ROUTE 1, #115 NORTH PALM BEACH FL 33408 83 Zip Code 84 City 85 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE __ Change ___ Addition TITLE _) DELETE 1.2 NAME LESCROART, JOHN E. NAME 1618 TWELVE OAKS WAY, #305 1.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE DELETE TITLE LESCROART, DONA J. 2.2 NAME NAME 1618 TWELVE OAKS WAY, #305 2.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change 3.1 TITLE Addition TITLE DELETE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change L Addition DELETE TITLE

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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

_ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ICNATURE REQUIRE

Change

Change Addition

CR2E034 (5/99)

JOHN E. LESCROART C/O AFFORDABLE ANGELS,INC. 721 U.S. HIGHWAY ONE #115 NORTH PALM BEACH, FL. 33408

(561)-848-8255 DAYTIME (561)-848-9085 FAX (561)-624-4041 EVENING E-MAIL: AFFANG@AOL.COM

July 2, 1998

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Enclosed is our check for \$150.00 to support the accompanying 1999 PROFIT CORPORATION ANNUAL REPORT.

We never received the earlier pre-printed notification referred to in your 2nd Notice Packet.

This corporation, Affordable Angels, Inc. has a record of always filing timely taxes and license fee requirements.

We would request that, in light of the circumstances, you waive the 2nd Notice Penalty fee of \$550. Thank you for your consideration.

Sincerely,

JOHN E. LESCROART

PRESIDENT

JEL:me

cc: Erin Ganter, CPA

McGill, Roselli, Ayala & Hoppmann, P.A.