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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000007747 (5)

1. Corporation Name:

FROM EVERY ANGLE - INTERPERSONAL CONSULTING, INC



Principal Place of Business

4077 INDIAN BAYOU NORTH  
DESTIN FL 32541

Mailing Address

P.O. BOX 842  
DESTIN FL 32540

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

23

Zip

Country

24

25

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHN, FREDERICK M III  
\* 30 RUE D'ETRETAT  
DESTIN FL 32541

ADDRESS CHANGE

81 Name

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

4077 INDIAN BAYOU NORTH

83

84 City DESTIN

FL

85

Zip Code 32541

10. Name and Address of New Registered Agent

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

*Frederick M. John III*

FREDERICK M. JOHN, III

5/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME DEBRA H. JOHN  
STREET ADDRESS 4077 INDIAN BAYOU NORTH  
CITY-ST-ZIP DESTIN, FL 32541

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS

☐ Change ☐ Addition

14 CITY-ST-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS

☐ Change ☐ Addition

24 CITY-ST-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS

☐ Change ☐ Addition

34 CITY-ST-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS

☐ Change ☐ Addition

44 CITY-ST-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS

☐ Change ☐ Addition

54 CITY-ST-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS

64 CITY-ST-ZIP

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 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.

SIGNATURE:

*Debra H. John*

DEBRA H. JOHN

5/21/96

DATE

(904)654-4376

Day/night/fax #

CR2E034 (12/95)