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**Apr 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000007990 (1)

1. Corporation Name
ANGEL DOLLS, INC.



Principal Place of Business: **6380 RADIO RD. #32 NAPLES FL 33942**
Mailing Address: **6380 RADIO RD. #32 NAPLES FL 34104-4173**

3. Date Incorporated or Qualified: **01/18/1995**
3a. Date of Last Report: **03/04/1996**
4. FEI Number: **65-0556607**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**WILSON, GARY K
4501 TAMiami TRAIL NORTH
SUITE 400
NAPLES FL 33940**

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 34103**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSITER, MAE	
STREET ADDRESS	6380 RADIO RD., #32	
CITY-ST-ZIP	NAPLES FL 33942	
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	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D JOSEPH CALLAHAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3655 FT. CHARLES DR.	
2.3 STREET ADDRESS	NAPLES, FL. 34102	
2.4 CITY-ST-ZIP		
3.1 TITLE	D EDWIN OLDHAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	400 PARK SHORE DR.	
3.3 STREET ADDRESS	# 202	
3.4 CITY-ST-ZIP	NAPLES, FL. 34103	
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 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.

SIGNATURE: **Mae T. Rossiter** **MAE T. ROSSITER, PRESIDENT**
DATE: **4/27/97** PHONE: **941-643-6381**

CR2E034 (9/96)