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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 Mailing Address
6380 RADIO RD. 6380 RADIO RD.
#32 #32
NAPLES FL 33942 NAPLES FL 34104-4173

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 34104-4173 25 Country 29 Country 30

3. Date Incorporated or Qualified 01/18/1995 3a. Date of Last Report 03/04/1996
4. FEI Number 65-0556607 Applied For Not Applicable
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

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ROSSITER, MAE	1.1 TITLE	DPST
NAME	ROSSITER, MAE	1.2 NAME	
STREET ADDRESS	6380 RADIO RD., #32	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	D JOSEPH CALLAHAN
NAME		2.2 NAME	3655 FT. CHARLES DR.
STREET ADDRESS		2.3 STREET ADDRESS	NAPLES, FL. 34102
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D EDWIN OLDHAM
NAME		3.2 NAME	400 PARK SHORE DR.
STREET ADDRESS		3.3 STREET ADDRESS	# 202
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NAPLES, FL. 34103
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 included 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, PRESIDENT
4/27/97 941-643-6381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)