

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010204 (2)

1. Corporation Name

ANGEL GARDENS, INC.



Principal Place of Business

Mailing Address

RT. 3, BOX 114
GAINESVILLE FL 32606

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GAINESVILLE FL 32606

3. Date Incorporated or Qualified	3a. Date of Last Report
02/06/1995	N/A
4. FEI Number	Applied For
59-3299281	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Angel Gardens	26. Rt. 3 Box 114
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. 10,000 Martin Luther King Hwy	27. Gainesville, FL
City & State	City & State
23. Gainesville, Florida	28.
Zip	Country
24. 32653-9705	25. Alachua
29. 32653-9705	30. Alachua

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, WILLIAM B III
RT. 3, BOX 114
GAINESVILLE FL 32606

81. Name	Pamela Greenwald
82. Street Address (P.O. Box Number is Not Acceptable)	Rt. 1 Box 52
83.	Alachua, FL
84. City	FL
85. Zip Code	32615

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 Pamela Greenwald (President) Pamela Greenwald

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WATSON, WILLIAM B III
STREET ADDRESS	527 EAST UNIVERSITY AVE.
CITY - ST - ZIP	GAINESVILLE FL 32601
TITLE	President
NAME	Pamela Greenwald
STREET ADDRESS	Rt. 1 Box 52
CITY - ST - ZIP	Alachua, FL 32615
TITLE	V.P.
NAME	James Greenwald
STREET ADDRESS	Rt. 1 Box 52
CITY - ST - ZIP	Alachua, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela Greenwald Pamela Greenwald 6/24/96 904-462-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (3/96)