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.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000027006 (2) ANGELIKA OF THE FLORIDA KEYS, INC. i 168148 NG 1814 BUN Mailing Address Principal Place of Business 81917 OVERSEA HIGHWAY 81917 OVERSEA HIGHWAY ISLAMORADA FL 33036 3a. Date of Last Report ISLAMORADA FL 33036 3. Date Incorporated or Qualified 04/05/1995 Applied For 65-0569665 2a. Mailing Address Not Applicable Principal Place of Business 2. 26 \$8,75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032. 23 Country Zip Country Yes No Zıp Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent Name **GURWITZ, PATRICIA** Street Address (P.O. Box Number is Not Acceptable) 62 81917 OVERSEAS HIGHWAY ISLAMORADA FL 33036 83 Zip Code 85 84 City FL 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. (NOTE, Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 11 TITLE E034 **PST** TITLE 1.2 NAME **GURWITZ, PATRICIA** NAME 1.3 STREET ADDRESS 113 MOCKINGBIRD ROAD STREET ADDRESS 1.4 CITY - ST - ZIP Change Addition TAVERNIER FL 33070 CITY-ST-ZIP DELETE 2 1 TITLE TITLE 2.2 NAME **GURWITZ, STANLEY** NAME 2 3 STREET ADDRESS 113 MOCKINGBIRD ROAD STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition TAVERNIER FL 33070 CITY-ST-ZIP 31 TITLE DELETÉ TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST ZIP Change Addition CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 6 1 TITLE TOTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 1 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 13 if changed, or on an attachment with an address.

alrew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

PATRICIA GURWITZ 305-664-9008 0033713