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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000032489 (3)**

1. Corporation Name

CHAR-ANGELS, INC.

Principal Place of Business	Mailing Address
~~376 EPPINGER DRIVE~~ ~~PORT CHARLOTTE FL 33953~~ #10-1821 W Hillsborough Ave Tampa, FL. 33615 Also	376 EPPINGER DRIVE PORT CHARLOTTE FL 33953

3. Date Incorporated or Qualified: **04/25/1995**
3a. Date of Last Report:

2. Principal Place of Business
21: ~~#10-1821 W Hillsborough Ave~~ ~~Tampa, FL. 33615~~
Suite, Apt. #, etc
22: Tampa, FL.
City & State
23: 33615
Zip
24:
Country
25: USA

2a. Mailing Address
26: 376 Eppinger Dr. ~~Port Charlotte FL 33953~~
Suite, Apt. #, etc
27: 376 Eppinger Dr
City & State
28: Port Charlotte FL
Zip
29: 33953
Country
30: USA

4. FEI Number: 65-0580511 ☐ 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

WHITE, RONALD C
5348 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name: Ann C Fischer
82 Street Address (P.O. Box Number is Not Acceptable): 376 Eppinger Dr
83
84 City: Port Charlotte FL 85 Zip Code: 33953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fla. Stat., 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: Ann C Fischer — 4-26-96
Signature, typed or printed name of registered agent, and title if applicable — Date
(Only Registered Agent's signature required for valid filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, ANN 376 EPPINGER DRIVE PORT CHARLOTTE FL 33953	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, STEPHEN G 376 EPPINGER DRIVE PORT CHARLOTTE FL 33953	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEYLER, ANN 376 EPPINGER DRIVE PORT CHARLOTTE FL 33953	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKEN, BARBARA 376 EPPINGER DRIVE PORT CHARLOTTE FL 33953	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700001900027 -07/22/96--01015--021 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, furnished and 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: Ann C. Fischer Ann C. Fischer, Treasurer 4-26-96 941-627-1463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number