

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000033521 (2)

1. Corporation Name
THE ANGELINA GUEST HOUSE INC.



Principal Place of Business: **302 ANGELA STREET KEY WEST FL 33040**
Mailing Address: **302 ANGELA STREET KEY WEST FL 33040**

2. Principal Place of Business (21-23) and Mailing Address (26-29) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Created: **04/24/1995**
3a. Date of Last Report
4. FEI Number: **65-0606744**
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

**BEYER, ROBERT S
302 ANGELA STREET
KEY WEST FL 33040**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0002 and 607.1506, 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 Sections 607.0005, Florida Statutes.

SIGNATURE

Signature of the registered agent or director (to be filled in by the registered agent or director)

Date of Filing (to be filled in by the filer)

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	BEYER, ROBERT S	
12.3 STREET ADDRESS	302 ANGELA STREET	
12.4 CITY-STATE-ZIP	KEY WEST FL 33040	
12.5 TITLE	D	<input type="checkbox"/> DELETE
12.6 NAME	SIMCIL, DORIS E	
12.7 STREET ADDRESS	1255 NO. WAUKEGAN ROAD	
12.8 CITY-STATE-ZIP	LAKE FOREST IL 60045	
12.9 TITLE	D	<input type="checkbox"/> DELETE
12.10 NAME	MILLER, JOY ANN	
12.11 STREET ADDRESS	955 GAGE LANE	
12.12 CITY-STATE-ZIP	LAKE FOREST IL 60045	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-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 supplementary 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: *Robert S. Beyer* **ROBERT S. BEYER** 4-3-96 305 274 4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)