FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000037802 (2)**

1. Corporation Name

ANGEL FUDGE, INC.

Principal Place of Business	Mailing Address
637 SAN ESTEBAN AVE. CORAL GABLES FL 33146	637 SAN ESTEBAN AVE. CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 05/11/1995 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2352 Armistead Rd,	26 2352 Armistead Rd,
22 Suite, Apt. #, etc	27 Tallahassee, FL
23 City & State: Tallahassee, FL	28 City & State: —
24 Zip: 32312 25 Country: USA	29 Zip: 32312 30 Country: U.S.A.

4. FEI Number: — ☐ 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

~~BIBLE, KATHY J ESQ~~
~~501 BRICKELL KEY DR., SUITE 300~~
~~MIAMI FL 33131-2623~~

10. Name and Address of New Registered Agent

81 Name: Kathy J. Bible
82 Street Address (P.O. Box Number is Not Acceptable):
83 2352 Armistead Rd.
84 City: Tallahassee FL 85 Zip Code: 32312

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: Kathy J. Bible (Signature, Typed or Printed Name of Individual Signing) DATE: 7-14-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BIBLE, KATHY J	
STREET ADDRESS	~~637 SAN ESTEBAN AVE.~~	
CITY-ST-ZIP	~~CORAL GABLES FL 33146~~	
TITLE	D	☐ DELETE
NAME	EURINGER, DAWN G	
STREET ADDRESS	2201 BRICKELL AVE., #53	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	☐ DELETE
NAME	MULLEN, PETER L	
STREET ADDRESS	637 SAN ESTEBAN AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☑ Change ☐ Addition
1.2 NAME	Bible, Kathy J	
1.3 STREET ADDRESS	2352 Armistead Rd.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☑ Change ☐ Addition
3.2 NAME	Mullen, Peter L.	
3.3 STREET ADDRESS	2352 Armistead Rd.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32312	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Kathy J. Bible 7-14-96 904-561-5780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #