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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046558 (9)

D'ANGELO MARKETING, INC.

Principal Place of Business Mailing Address - 272239 PO BOX 2239 1123 S.W. 5TH ST. BOCA RATON FL 33286 BOCA RATON FL 33427-2239 3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1996 06/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0589570 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE 1.1 TITLE Change Addition TITLE PTD NAME D'ANGELO, JOSEPH J 1.2 NAME STREET ADDRESS 1123 S.W. 5TH ST. 1.3 STREET ADDRESS **BOCA RATON FL 33286** 1.4 CITY-ST-ZIP C/TY-ST-ZIP DELETE Addition ☐ Change TITLE 2.1 TITLE NAME D'ANGELO, DOREEN K 2.2 NAME 1123 S.W. 5TH ST. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33286** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZiP CITY-S1-7# DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ■ Addition 6.1 TOLE TITLE NAME 6.2 NAME

6.3 STREET ADORESS

64 CITY-ST-ZIP

STREET ADDRESS

City-St-Ze

14. I do hereby certify that the information supplied with this filing 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.

FILED

May 01 1997 8:00am

Secretary of State