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CORPORATION ANNUAL REPORT



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

1996

P95000050583 (0)

DOCUMENT # ANGELS' STUDIO INC. Mailing Address Principal Place of Business 214 COOK STREET 214 COOK STREET **BRANDON FL 33594** BRANDON FL 33594 3a. Date of Last Report 3. Date incorporated or Qualified 06/28/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Saite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CARDENAS, JANICE J 62 214 COOK STREET 83 **BRANDON FL 33594** Zip Code 85 84 Crty 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 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 DATE chine typing or proposed able of registers Lagurit and the Madol- able (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1 STULE 1.10 1.2 NAME CHRISTIAN, TONI NAME 1.3 STREET ADDRESS 214 COOK STREET STRUET ADDRESS. **BRANDON FL 33594** 1.4 CITY - \$1 - ZIP Change Addition DELETE 2 1 TITLE BRUE 2.2 NAME CARDENAS, JANICE J NAME STREET ADDRESS 214 COOK STREET 23 STREET ADDRESS **BRANDON FL 33594** 2 4 CITY - ST - ZIP C:1Y - \$1 - 2iP DELETE ☐ Change Addition 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACIDRESS 3 4 CITY - ST-ZIP CHY-ST-ZIP ☐ Change Addition [] DELETE 4 1 Till F MLF 4.2 NAME NAME 4.3 STREET ADDRESS STEEL LADORESS 4.4 Ctly - ST - ZtP CUTY - ST. ZIF Change Addition DELETE 5.1 TITLE 7111.6 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - ST - 7IP CITY - 51 - 719 ☐ Change Addition [] DELETE 11'11 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CHY - ST - 21P 14. Let 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earth, 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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

CR2E034 (12/95)