## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000066319 (1)

ALMOST HEAVEN, INC.

ANGEL, CARVEN D

CITY-ST-ZIP

2724 S.E. 15TH STREET

Principal Place of Business Mailing Address 6333 SE BABB RD P O BOX 993 BELLEVIEW FL 34420 OCALA FL 34478 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 59-3354917 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 6333 S.E. Babb Rd. **OCALA FL 34471** 83 Belleview, FL 34420 City Belleview, FL

81 Name

82

ANGEL, CARVEN D.

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 lorida. 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition **PSTD** 1.1 TITLE TITLE **PSTD** CARVEN, ANGEL D NAME 1.2 NAME ANGEL, CARVEN D. **2724** S.E. 15TH STREET STREET ADDRESS 1.3 STREET ADDRESS 6333 S.E. Babb Rd. CITY-ST-ZIP OCALA FL 1.4 CiTY-ST-ZIP Belleview, FL 34420 DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I 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 received in trustee an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attact, and with a address.

6.4 CITY-ST-ZIP

**FILED** 

May 06 1998 8:00am

Secretary of State

Applied For

Not Applicable