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 # P95000082606 (1)

ANGEL COUNTRY COMPANY

FILED Feb 13 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			ENLAL KAKSA SIJAN BISHI NALIA NKU 1681
6 CRECENT LAKE WAY		6 CRECENT LAKE WAY			
ORMOND BEACH FL 32174		ORMOND BEACH FL 32174			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/25/1995	
_	lace of Business	26. Mailing Address		4. FEI Number	Applied For
21 6 Crescent Lake Way		26 6 Crescent Lake Way		59-3346537	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22		City & State			
City & State	ond Beach, FL		ah mi	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Ormond Beach, FL Country		28 Ormond Beach, FL Country			Added to Fees
24 32174 25 USA		249 32174 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	g Name and Address of Current	[29]	<u> </u>	10. Name and Address of New Regis	
SPROGIS, ULDIS 81 Name					
4607 CUEDDIC LANG					
HOLLY HILL FL 32117			82 Street A	Address (P.O. Box Number is Not Acceptable))
HOLLI HILL PL 32117			83		
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named	corporation submits this statement for the pur	
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. Lam familiar with, and accept the of lightons of, Section 607 0505, Florida Statutes.					
SIGNATURE Signature, typing or proton) purposed for the displaced form the displaced by the signature required when reinstating) DATE OF THE PROPERTY OF THE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DELETE	1 1 TITLE		Change Addition
NAME	SPROGIS, AIGA		12 NAME		13
STREET ADDRESS	1597 SHERRIS LANE		1.3 STREET ADDRESS		į:
CITY-ST-ZIP	HOLLY HILL FL 32117-2035		1.4 CITY-ST-ZIP)
TITLE	VT	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SPROGIS, ULDIS		2 2 NAME		
STREET ADDRESS	1597 SHERRIS LANE		2.3 STREET ADDRESS		i
CITY-ST-ZIP	HOLLY HILL FL 32117-2035		2. 4 CITY - ST - ZIP		
TITLE	S	DELETE	3.1 TITLE		Change Addition
NAME	KAMALY, DACE		3.2 NAME	S	
STREET ADDRESS	529 BROWN PELICAN DR		3.3 STREET ADORESS	ELEKSE, ZANE	. 11 11 13. 131
CITY-ST-ZIP	PEUCAN BAY FL 32119	j	3 4. City-S1-Zip	1597 Sherris Lane,	forth HITT'EF
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		- 	4. 2 NAME		
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		☐ DELE IE	5.1 TITLE		Change Addition
NAME		. <u> </u>	5 2 NAME		- —
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
					-
CITY-ST-ZIP			64 CITY-ST-ZIP	440.02(0)(1) 50 11 00 14 14	

14. Thereby 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 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 comporation or the received or furstee 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 apachment with an address.

NATURE: \ \ \ 00

Aiga Sprogis

2/1/98

904-673-1923