

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000089342 (6)**

1. Corporation Name  
**ANGEL GUARDIANS, INC.**



Principal Place of Business  
**611 WEST AZEELE STREET  
TAMPA FL 33606**

Mailing Address  
**611 WEST AZEELE STREET  
TAMPA FL 33606**

3. Date Incorporated or Qualified  
**11/20/1995**

3a. Date of Last Report

2. Principal Place of Business  
**4400 W. CULBREATH AVE**

2a. Mailing Address  
**4400 W. CULBREATH AVE**

4. FEI Number  
**59-3350377**

Applied For  
Not Applicable

22. Suite, Apt. #, etc.  
**c/o M. BURNS**

27. Suite, Apt. #, etc.  
**c/o M. BURNS**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State  
**Tampa FL**

28. City & State  
**Tampa FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip **33609** 25. Country **USA**

29. Zip **33609** 30. Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SMITH, H. STRATTON III  
611 WEST AZEELE STREET  
TAMPA FL 33606**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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 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 \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PRESIDENT (P. SEC. TREAS.)</b>	<input type="checkbox"/> DELETE
NAME	<b>MARILYN C. BURNS</b>	
STREET ADDRESS	<b>4400 W. CULBREATH AVE.</b>	
CITY-ST-ZIP	<b>Tampa FL 33609</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>MARILYN BURNS</b>	
STREET ADDRESS	<b>4400 W. CULBREATH AVE</b>	
CITY-ST-ZIP	<b>Tampa FL 33609</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>MARILYN C. BURNS</b>	
13 STREET ADDRESS	<b>4400 W. CULBREATH AVE</b>	
14 CITY-ST-ZIP	<b>Tampa FL 33609</b>	
21 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>MARILYN C. BURNS</b>	
23 STREET ADDRESS	<b>4400 W. CULBREATH AVE</b>	
24 CITY-ST-ZIP	<b>Tampa FL 33609</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**400001854804**  
**-06/07/96--01009--002**  
**\*\*\*208.75**

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARILYN C. BURNS PRESIDENT**

**5/1/96 (813) 289-1646**

CR2E034 (12/95)