

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000092671 (3)**

1. Corporation Name
MY THREE ANGLES, INC.



Principal Place of Business
**2525 OLD OKEECHOBEE ROAD
SUITE 3
W. PALM BEACH FL 33409**

Mailing Address
**2525 OLD OKEECHOBEE ROAD
SUITE 3
W. PALM BEACH FL 33409**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent			

**MAUCERI, MARIE M
10217 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified	3a. Date of Last Report
12/06/1995	
4. FEI Number	Applied For / Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.014(2) and 607.150(1), 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 607.050(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAUCERI, MARIE M	
STREET ADDRESS	10217 ALLAMANDA BLVD.	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	NAME	
16	STREET ADDRESS	
17	CITY-STATE-ZIP	
18	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	NAME	
20	STREET ADDRESS	
21	CITY-STATE-ZIP	
22	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	NAME	
24	STREET ADDRESS	
25	CITY-STATE-ZIP	
26	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	NAME	
28	STREET ADDRESS	
29	CITY-STATE-ZIP	
30	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	NAME	
32	STREET ADDRESS	
33	CITY-STATE-ZIP	
34	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35	NAME	
36	STREET ADDRESS	
37	CITY-STATE-ZIP	
38	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39	NAME	
40	STREET ADDRESS	
41	CITY-STATE-ZIP	
42	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43	NAME	
44	STREET ADDRESS	
45	CITY-STATE-ZIP	

14. I do 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)(g), Florida Statutes. I further certify that the information indicated on this annual report or successor 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.

SIGNATURE: *X Marie M Mauri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)