FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000093597 (9)**

1. Corporation Name

ANGELS OF TODAY, INC.

Principal Place of Business

5807 N. BANANA RIVER BLVD
UNIT 1246
CAPE CANAVERAL FL 32920

Mailing Address

5807 N. BANANA RIVER BLVD
UNIT 1246
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: **12/07/1995**

3a. Date of Last Report

4. FEI Number: 59-3352855 — Applied For / Not Applicable

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

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

WOOD, WESLEY
5807 N. BANANA RIVER BLVD
UNIT 1246
CAPE CANAVERAL FL 32920

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

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 ✓ Signature typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required for statement only — DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: WOOD, WESLEY
STREET ADDRESS: 5807 N. BANANA RIVER BLVD., UNIT 1246
CITY-ST-ZIP: CAPE CANAVERAL FL 32920
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

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CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **Director and President** [ ] Change [X] Addition
1.2 NAME: **Same**
1.3 STREET ADDRESS: **Same**
1.4 CITY-ST-ZIP: **Same**

2.1 TITLE: **Director and Vice President** [ ] Change [X] Addition
2.2 NAME: **Miller E. Cartwright**
2.3 STREET ADDRESS: **888 - 8th Ave., Apt. 5D**
2.4 CITY-ST-ZIP: **New York, NY 10019**

3.1 TITLE [ ] Change [ ] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(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 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: ✓ Wesley Wood — SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wesley Wood

4105196 — Date

(407) 783-3663 — Daytime Phone #

CR2E034 (12/95)