

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 504 ROYAL PALM BLVD. Suite, Apt. #, etc. 22 City & State 23 SATELLITE BEACH, FL Zip Country 24 32937-3233 25		2a. Mailing Address 26 504 ROYAL PALM BLVD. Suite, Apt. #, etc. 27 City & State 28 SATELLITE BEACH, FL Zip Country 29 32937-3233 30		3. Date Incorporated or Qualified 12/07/1995	
		4. FEI Number 59-3352855		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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) 83 504 ROYAL PALM BLVD. 84 City SATELLITE BEACH FL 85 Zip Code 32937-3233	
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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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, WESLEY	1.2 NAME	
STREET ADDRESS	5807 N. BANANA RIVER BLVD., UNIT 1246	1.3 STREET ADDRESS	504 ROYAL PALM BLVD.
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937-3233
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTWRIGHT, MILLER E	2.2 NAME	
STREET ADDRESS	888 8TH AVE APT 5D	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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

Wesley Wood

4/3/98 (407) 779-0101

CR2E034 (10/97)