

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90018 012 ***150.00

DOCUMENT # P95000093597

1. Corporation Name
ANGELS OF TODAY, INC.



Principal Place of Business
504 ROYAL PALM BLVD
UNIT 1246
SATELLITE BEACH FL 32937-3233
US

Mailing Address
504 ROYAL PALM BLVD
UNIT 1246
SATELLITE BEACH FL 32937-3233
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1525 S. ATLANTIC AVE
Suite, Apt. #, etc.
22 #305

City & State
23 COCOA BEACH, FL
Zip Country
24 32931-2389 25 USA

2a. Mailing Address

26 1525 S. ATLANTIC AVE
Suite, Apt. #, etc.
27 #305

City & State
28 COCOA BEACH, FL
Zip Country
29 32931-2380 30 USA

3. Date Incorporated or Qualified

12/07/1995

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WOOD, WESLEY
504 ROYAL PALM BLVD
UNIT 1246
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
1525 S. ATLANTIC AVE
83 #305
84 City COCOA BEACH FL 85 Zip Code 32931

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

TITLE DP ☐ DELETE

NAME WOOD, WESLEY
STREET ADDRESS 504 ROYAL PALM BLVD
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE DV ☒ DELETE

NAME CARTWRIGHT, MILLER-E
STREET ADDRESS 888 8TH AVE APT 5D
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition

1.2 NAME Same

1.3 STREET ADDRESS 1525 S. ATLANTIC AVE #305

1.4 CITY-ST-ZIP COCOA BEACH, FL 32931-2380

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Wesley Wood 4/5/99 407-783-8323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

0113714