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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010783 (4)

ANGELS DANEK, INC.

1997

| | Principal Place of Business Mailing Address 517 OCEAN WOOD DRIVE 517 OCEAN WOOD DRIVE NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266-3802 | | | | | | | | |
|-----|--|---------------------|---------------------|--|---|--------|---------------------------------------|--|--|
| | | | | | 3. Date Incorporated or Qualified 02/05/1996 | 3a. Da | ate of Last Report | | |
| 11 | 2. Principal Place of Business | 2a. Mailing Address | 2a. Mailing Address | | | | Applied For | | |
| 1 | 21 | 26 | | | 59-3356893 | | Not Applicable | | |
| | Sulte, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| * | City & State | Cily & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| + | Zip Country | Zip | Count | ry | 8. This corporation has liability for it | | | | |
| ý. | 24 25 | 29 | 30 | | Florida Statutes | | _] No | | |
| . [| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | | |
| e | O'CONNELL, TIMOTHY L 517 OCEAN WOOD DRIVE | | 8 | | ddraes /D.C. Boy Niverbox is Not Assessable | (5) | | | |
| ٠. | NEPTUNE BEACH FL 32268 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 3 | | | 8 | 3 | | | · · · · · · · · · · · · · · · · · · · | | |
| ٠. | | | i a | 4 City | | | 85 Zip Code | | |

J1. 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

| SIGNATURE | Signature, typed or printed name of registered agent and title | i applicable (NOT | E. Registered Agent's gnature requ | | |
|----------------------|--|-------------------|------------------------------------|--|-------------------|
| 12. | OFFICERS AND DIREC | CTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | RS IN 12 |
| TITLE | D. | ☐ DELETE | 1.1 TITLE | ☐ Change | Addition |
| NAME | DANEK, CAROLE | | 1.2 NAME | | |
| STREET ADDRESS | 517 OCEAN WOOD DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST <u>-Z</u> IP | NEPTUNE BEACH FL 32266 | | 14 CITY - S1 - ZIP | | |
| TITLE | | DELETE | 2 1 TITLE | Change | Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY- ST-7/P | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | Change | Addition |
| VAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ACORESS | | |
| CITY-ST-ZIP | | | 3.4. DITY-ST-7/P | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | Change | Addition Addition |
| WIME | | | 4. 2 NAME | | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u></u> | | 4.4 City - St - ZiP | | |
| TITLE | | ☐ DELETE | 51 TITLE | Change | Addition |
| VAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIF | | |
| TITLE | | DELETE | 6.1 TITLE | Change | Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| | | | | | |

6 4 CITY - \$1 - 7IP I do hereby certify that the information supplied with this filling 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 or changed, or on an attachment with an address

9/14-246.5372

FILED

Jun 03 1997 8:00am -

Secretary of State