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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P96000015984 (3)

ANGLEWISE CORPORATION

Suite, Apt. #, etc. 22 City & State City							
CRIANDO FL 32800	P٢	ncipal Place	of Business	Mailing Address		T INDEALOURI THE OTHER CIVIL OF THE OUTSIDE OF THE	181 81313 1013) 13111 C181 1081
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20	22			27		5. Certificate of Status Desired	,
Part Country Part Country Part Country Part	23	City & State) 	 			
RAYMOND, ISABELIA \$323 BIRCHBEND LOOP OVIEDO FL 32765 82 Street Address (F.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Fursionin to the provisions of Sections 607 0509 and 607 1508. Florida Statutes, the above anamend corporation submits this statement for the purpose of changing its registered agent 1 and furnishar with, and accept the obligations of, Section 607 0505. Florida Statutes, the above anamend corporation submits this statement for the purpose of changing its registered agent 1 and furnishar with, and accept the obligations of, Section 607 0505. Florida Statutes SIGNATURE SIGNATURE OF FLOR RAND DIFFECTORS 13 MONTE Repaired Agent departs registered agent registered	24	Zφ	25	29	 	Florida Statutes Yes	□ No
RATHWAY, NABELIA S22 BRCHERNO LOOP OVEDO FL 32765 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Parsium 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 aging. or both, in the State of Fronda Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered aging. In the Internal with, and accept the obligations of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered aging. In the Internal with, and accept the obligations of Sections 607.0502 for incide Statutes. SIGNATURE 12. OF FIGE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 13. INTER INTER INTER INTERNAL I		***************************************	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	d Agent
S323 BIRCHBEND LOOP OVIEDO FL 32765 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zup Code 11. Pursuant to the provisions of Sections 607 0500 and 607 1500. Finds Statutes the above named corporation submits this statement for the purpose of changing is registered special to the building with accept the obligations of, Section 607, 6505, Finds Statutes. 85 86 87 88 89 80 81 84 City FL 85 Zup Code 11. Pursuant to the provisions of Sections 607 0500 and 607 0500 an		RAY	MOND, ISABELLA		81 Name		
Ba	5323 BIRCHBEND LOOP				82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
1. 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 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, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE Signature type-ter pretent name of impetence agent and other provisions of, Section 607 0505, Florida Statutes SIGNATURE DATE DA		0112			83		· · · · · · · · · · · · · · · · · · ·
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 and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12.					84 City	F	85 Zip Code
Signature insented primed progress ages as a tile it application (WTE Household Appendiculation recolored Winn insentating) DATE		office or re agent. Las	egistered agent, or both, in the Stat	te of Florida. Such change wa	s authorized by the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered opointment as registered
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14. I do 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 trusted 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.