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FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000015984 (3)**

1. Corporation Name
ANGLEWISE CORPORATION

Principal Place of Business	Mailing Address
~~2014 EAST ROBINSON STREET~~ ~~ORLANDO FL 32803~~ 721 VIRGINIA DRIVE ORLANDO, FL 32803	~~2014 EAST ROBINSON STREET~~ ~~ORLANDO FL 32803~~ 721 VIRGINIA DR ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1996

2. Principal Place of Business 21: 721 VIRGINIA DRIVE Suite, Apt. #, etc. 22: City & State 23: ORLANDO, FLORIDA Zip 24: 32803 Country 25: ORANGE	2a. Mailing Address 26: 721 VIRGINIA DR. Suite, Apt. #, etc. 27: City & State 28: ORLANDO, FLORIDA Zip 29: 32803 Country 30: ORANGE

4. FEI Number: 59-3375184 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAYMOND, ISABELLA 5323 BIRCHBEND LOOP OVIEDO FL 32765	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 607.1008, 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: Isabella Raymond — 1/11/98
Signature of, and 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	D	☑ DELETE	1.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	RAYMOND, ISABELLA		1.2 NAME	ISABELLA RAYMOND	
STREET ADDRESS	2014 EAST ROBINSON STREET		1.3 STREET ADDRESS	721 VIRGINIA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FALLER, MARCUS		2.2 NAME		
STREET ADDRESS	5323 BIRCH BEND LOOP		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EGGERTON, WALTER H		3.2 NAME		
STREET ADDRESS	2726 SUNRISE CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LESLIE W. SAPP		4.2 NAME		
STREET ADDRESS	4858 S. SEMORAN BLVD. #2102		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		4.4 CITY-ST-ZIP		
TITLE	PRESIDENT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Isabella Raymond		5.2 NAME		
STREET ADDRESS	721 VIRGINIA DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Isabella Raymond — 1/11/98 — (407) 895-1727