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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 21 1997 8:00am

Secretary of State

(96/6)

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017248 (1)

ANGIE'S TREASURES, INC.

appears in Block 12 or Bl

SIGNATURE

Principa: Place of Business Mailing Address 10135-D SPRING HILL DR 13105-D-SPRING-HILL-DR SPRING HILL FL 34809 SPRING HILL-FL-34609:5017 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1996 2. Principal Place of Business 21 10436 SAN 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CHARNOCK, WILLIAM T III 13135-D SPRING HILL DR 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34609 83 84 City Zip Code 11. Pursuant to the provision 107.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. office or registered agent. Lam fami SIGNATURE name of registered agent and title if appocable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE THLE 11 TITLE ☐ Change ___ Addition BEETZ, ANGELA M NAME 12 NAME 10436 SANDTRAP DR STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP 14 CITY - ST-ZIP DELETE 21 TITLE ☐ Change Addition TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change ___ Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 \$TREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY-ST-ZIP

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

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