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

FILED Apr 14 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE.

ANNUAL RI	NUAL REPORT 1998		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
DOCUMEN 1. Corporation Name ANGELICAL O	IT# P960(CAT COMPANY	000418	50 (4)			ESABIJAK JAK IBIJA KOJU KAJU KAJU KAJU KAJU KAJU KAJU	. (1)	!!! 16 !! !16 !
Principal Place of Busi	iness	Mailing A	ddress					
9311 NW 26 PLACE		9311 NW 26 PLACE						
SUNRISE FL 33322		SUNRISE	FL 33322			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified 05/07/1996		
2. Principal Place of B	Business	2a. Mailin	g Address			4. FEI Number		pplied For
Suite, Apt. #, etc.		Suite,	Apt. #, etc.			65-0666047 5. Cortilicate of Status Desired		ot Applicable Additional
City & State		27] City &	State				····	equired
23		28 City &				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip 24	Country	Zip		Countr	у	This corporation owes or has paid the operation of the personal Property Tax due June 30.		tangible No
	25 ame and Address of Cur	29 rent Registered A	lgent			10. Name and Address of New Registere		3 140
9. Name and Address of Current Registered Agent SOSKEL, ALAN 9311 NW 26 PLACE SUNRISE FL 33322 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Cod								
		82 Street			dress (P.O. Box Number is Not Acceptable)		•	
				83				
•				84	City	F	85 Zip	Code
11. Pursuant to the pre	ovisions of Sections 607 (0502 and 607.1508	3, Florida Statut	es, the abor	/e-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing	its registered
agent, I am familia	ir with, and accept the ob	rigations of, Section	n 607.0505, Fi	authonzed t orida Statute	s the corpora	anon's board of directors. Thereby accept the a	рронинен аз	s registered
SIGNATURF Signature, I	lyped or proted came of registered	apost and till, if applicat	ste (NO)	L. Registered Ag	gent signatum requ	ired when reinstating) DA1E		
12.	OFFICERS	AND DIRECTORS	DELETE	13, 1.1 DILLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 12
NAME SOSI	KEL, ALAN			1.2 NAME			L.J Olimigo	
CLIAN	NW 26 PLACE			1 3 STREE	1 ADDRESS			
TITLE VSD	RISE FL		DELETE	1.4 CHY- 2.1 HILE	ST-ZIP		Change	Addition
NAME SOSI	KEL, PARTICIA			2.2 NAME				
CLINI	NW 26 PLACE			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP SUNI	RISE FL		DELETE	2. 4 CITY 3.1 TITLE	-ST-ZIP		Change	☐ Addition
NAME			L. Delete	3.2 NAME			Onlinge	L ADOMOIT
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				3,4 CITY	ST-ZIP			
TITLE			☐ DELFTE	4.1 TITLE			L Change	Addition
NAME STREET ADDRESS				4 2 NAME	1 ADDRESS			
CITY-ST-ZIP				4.4 CiTY-				
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS					T ADDRESS	•		
CITY-ST-ZIP TITLE			DELETE	5.4 TITLE	ST-7IP		Change	Addition
NAME			LJ PECCIE	G.2 NAME	1		C Charge	F Addition
STREET ADDRESS					I Andress			
CITY-ST-ZIP				6.4 CITY-	\$1 - 7IP			
14. I hereby certify that indicated on this a	at the information supplied annual report or supplicate	d with this/filing do ental armyd regyt	es not qualify for is try of and acc	or the exempurate and the	otion stated ir nat my signati	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and tha	certify that the under oath; th	e information at I am an

954-742-2269