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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043704 (1)

1. Corporation Name

ANGELA NICHOLE ENTERPRISES, INC.



Principal Place of Business

1198 SW CYNTHIA ST
PORT ST LUCIE FL 34983

Mailing Address

1198 SW CYNTHIA ST
PORT ST LUCIE FL 34983-2417

2. Principal Place of Business

21 9070 S US Hwy 1

2a. Mailing Address

26 9070 S. US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PSL FL

City & State

28 PSL FL

Zip

24 34952

Country

25 SL

Zip

29 34952

Country

30

9. Name and Address of Current Registered Agent

FRISENDA, NANCY
C/O ALCY ACCOUNTING SERVICES
747 SW SOUTH MACEDO BLVD
PORT ST LUCIE FL 34983

3. Date Incorporated or Qualified

05/16/1996

3a. Date of Last Report

4. FEI Number

65-0667038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Robert Leane

82 Street Address (P.O. Box Number is Not Acceptable)

9070 S US Hwy 1

83

84 City

PSL

FL

85 Zip Code

34952

11. 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME ROBERT N. LEANE
STREET ADDRESS 2781 SE GARFIELD AVE
CITY- ST- ZIP P.S.L. FL 34952

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97

Date

Daytime Phone #

561-335-0905

CR2E034 (9/96)