SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 05 1997 8:00am Secretary of State

	MENT # P96000 N ANGELS, INC,	0064887 (8))		BANA ANNE JUGO (BANE MANI ADA AGO)
Principal Plac	e of Business	Mailing Address		I IBBLIBEN (UK 10018 BUKU BENKU BUKU BUKU	
243 VERNA RD SARASOTA FL 34240		243 VERNA RD SARASOTA FL 34240		DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		08/02/1996 4. FEI Number 65 - 0687442	Applied For
		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	ie	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regi	
HOWARD, ROBERT 243 VERNA RD SARASOTA FL 34240			81 Name62 Street A	ddress (P.O. Box Number is Not Acceptable)
	•		84 City		FL 85 Zip Code
SIGNATURE	Signature: typed or printed name of registered ag	JARD ent and title if applicable (No	OTE: Registered Agent signature re		7/28/97 DATE
12. TITLE	D OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
NAME	HOWARD, ROBERT	_ Jacob	1.2 NAME		C change C Audition :
STREET ADDRESS	243 VERNA RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		1.4 City-St-ZIP		
TITLE	D CAROL	DELETE	21 THLE		Change Addition
NAME expect approve	HOWARD, CAROL 243 VERNA RD		2 2 NAME		
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL 34240		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	ON HOOTA TE OFER	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		En outlings En visition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		
TITLE NAME		☐ DETE 1	5 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City+St-Zip		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<u></u>	6.2 NAME		- Simila Financial
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.