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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067453 (6)

ANG-ROB ENTERPRISES, INC.

Principal	Place	of I	Business
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Mailing Address

FILED Jun 11 1997 8:00am Secretary of State



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5283 LAKE WO LAKE WORTH						ake worth ro Worth FL 33463					
											3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1996
2. Principal P	lace of Busi	ness		20	. Ma	iling Address					A CELNICATION
21				26	26						65-0694/2) Applied For Not Applicable
Suite, Apt. #, etc.			\vdash	Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional	
City & State			·	27	 	y & State					Fee Required
23	·			28	٠ .	y a State					6. Election Campaign Financing \$5.00 May Be
Zip	_ <u>+</u>	1	Country	- 20	Zip Country					Trust Fund Contribution Added to Fees	
24		25		29	ו ו	30			,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
	9. Name		Address of Curren			d Agent	1001				10. Name and Address of New Registered Agent
FRA	NKLIN, EL	LIOT	7					81	ī	Name	
5315 LAKE WORTH ROAD							82		Street Ad	Address (P.O. Box Number is Not Acceptable)	
LAKE WORTH FL 33463											touress (i.e. box number is not Acceptable)
								83	3	-	
								84	-	City	85 Zip Code
								- 1		-	
11. Pursuant	to the provis	ions iont	of Sections 607.050; or both, in the State	2 and	607.1	508, Florida Sta	tutes, th	e abov	/e-r	named co	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent I a	m famlliar w	ith, a	nd accept the obliga	ations	of, So	ction 607.0505,	Florida	Statute	y i	ine corpor	orations board or directors. Filereby accept the appointment as registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·										
12.	Signalure, lyped	O Ext	oled name of registered age OFFICERS AND					slered Ag	jen!	signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PĎ		OF TOURS AND		CIO	DELETE		1.1 TITLE			Change Addition
NAME	ABBENA	NTE	. RALPH					1.2 NAME			C. Orango C. Nosatoni
STREET ADDRESS			VORTH ROAD					1.3 STREE		DOBESS	
CITY-ST-ZIP			H FL 33463					1 4 CITY - :			
TITLE	VĎ.		*****			DELETE		2 1 THLE		-	Change Addition
NAME	ABBENA	NTE	, MARIA					22 NAME		1	
STREET ADDRESS	5283 LA	KE V	VORTH ROAD					2.3 STREE	T A[DDRESS	
CITY-ST-ZIP	LAKE WO	ORTI	1 FL 33463				1 :	2. 4 CITY -	ST-	- ZIP	
TITLE						☐ DELETE	:	3.1 TITLE			☐ Change ☐ Addition
NAME							1	3.2 NAM€			
STREET ADDRESS							1	3.3 STREE	I AC	DDRESS	
CITY-ST-ZIP						· •		3.4. CITY-	\$1-	- ZIP	
TITLE						☐ DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME							•	1. 2 NAME			
STREET ADDRESS							,	1.3 STREFT	T AD	DDRESS	
CITY-ST-ZIP								1.4 CHY-5	SI-	ZIP	
TITLE						☐ DELETE		5.1 TITLE			Change Addition
NAME							1	2 NAME			
STREET ADDRESS								S.3 STREET		i	
CITY-ST-ZIP						Decesse.		.4 CITY - S	SI-	ZiP	
TITLE						DELETE		S.1 TITLE			L Change Addition
NAME CTOCCT ADDRESS								3.2 NAME			
STREET ADDRESS							ı	3 STREET			
CITY-ST-ZIP							6	3.4 CITY - 5	ST - 2	ZIP .	

14. I do hereby certify that the information supplied with this filling 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 logal 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 of Block 13 if changed, or on an attachment with an address.

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