


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90174 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000067453</b> 1. Corporation Name <b>ANG-ROB ENTERPRISES, INC.</b>					
Principal Place of Business <b>5283 LAKE WORTH ROAD          LAKE WORTH FL 33463</b>			Mailing Address <b>5283 LAKE WORTH ROAD          LAKE WORTH FL 33463</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified <b>08/12/1996</b>			4. FEI Number <b>65-0694127</b>		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>FRANKLIN, ELLIOTT          5315 LAKE WORTH ROAD          LAKE WORTH FL 33463</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME ABBENANTE, RALPH STREET ADDRESS 5283 LAKE WORTH ROAD CITY-ST-ZIP LAKE WORTH FL 33463			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VD NAME ABBENANTE, MARIA STREET ADDRESS 5283 LAKE WORTH ROAD CITY-ST-ZIP LAKE WORTH FL 33463			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

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