## 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 # P96000074210 (1)

RAGGEDY ANGIES, INC.

FILED
Jun 17 1997 8:00am
Secretary of State

4901 S.W. 11TH AVENUE 4901 S.W. 11TH		Mailing Address 4901 S.W. 11TH AVENUE CAPE CORAL FL 33914-7331			
				3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
2. Principal P 21 YS 2 Sulte, Apt.	tace of Business 1 p DEIRCAD #. etc.	28. Mailing Address 26 # 65 - Suite, Apt. #, etc. 27	06 93 754		Applied For Not Applicable  \$8.75 Additional Fee Required
City & State				6. Election Campaign Financing	\$5.00
Zip 33	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for	
24 77	9, Name and Address of Current		0	Florida Statutes 10. Name and Address of New F	Yes No
* STANTON, ANGELA 81 Name					
4901	S.W. 11TH AVENUE E CORAL FL		82 Street Addr 83	ress (P.O. Box Number is Not Accept	
					FL 85 Zip Code
11. Pursuant to the provisions of Sections 601/LiD2 and f07.1508. Floridit statutes, the above-named corporation submits this statement for the purpose of changing its registered office or register diagont, of both, in the folial of Florida. Such charger was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with first accept the prophylitions of Section 607.05.05 Florida statutes.					
SIGNATURE 1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/					
12.	OFFICERS AND		Registored Agont signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PSID	DELETE	1.1 TITLE	ADDITIONO/ONANGES TO ON	ICERS AND DIRECTORS IN 12  Change Addition
NAME	STANTON, ANGELA		1.2 NAMÉ		
STREET ADORESS	4901 S.W. 11TH AVENUE		1.3 STREET ADDRESS		FINA
CITY-ST-ZIP	CAPE CORAL FL 33914	DELETE	1.4 CITY - ST - ZIP		& &
TITLE NAME		□ better	2 1 TITLE 2 2 NAME		L.   Change   L.   Addition   C
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZIP			2. 4 CITY-S1-ZIP		
TITLE		☐ DELE1E	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		
NAME		☐ DETC1E	4.1 TITLE		☐ Change ☐ Addition
STREET ADORESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-SY-ZIP			4.4 City - St - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1 - ZIP		

14. I do hereby certify that the information supplied with this filling does not Aualify 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 the 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 coceiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if gray and an attachment with an address.

CIONATURE.