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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074214 (3)

A COMPANY OF ANGELS, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			T TORRIDOR THE ISSUE WHITE SOLIT COLIT
5143 HARROGATE COURT NAPLES FL 34112		NAPLES FL 341	P.O. BOX 10837 NAPLES FL 34101-0637			DO NOT WRITE IN THIS SPACE
		US				3. Date Incorporated or Qualified
						09/06/1996
2. Principal P	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number Applied For
21		26	26			65-0692637 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State	e	⊢ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	City & State			6. Election Campaign Financing \$5.00 May Be
23			28			Trust Fund Contribution Added to Fees
Zip			ountry		8. This corporation owes or has paid the current year Intangible	
24	25 Name and Address	29 s of Current Registered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		Of Childric Degratered Agent		81	Name	
	ILER, PATRICIA A				Maine	
5143 HARROGATE CT				82 Street Address (P.O. Box Number is Not Acceptable)		
NAI	PLES FL 34112			83		
				84	City	FL 85 Zip Code
11 Purcuant	to the provisions of Section	os 607 0502 and 607 1509 Flori	da Statutae, the	abov.	a.namod	
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 application with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I a	portamiliar with, and accer	ot the obligations of, Section 607	.0505, Florida St	tatutes	3 .	
SIGNATURE	ADJULIO C	registered agent and title if applicable	/NOTE: Request	red Age	nt signature	e required when reinstating) DATE DATE
12.		FICERS AND DIRECTORS	13		in signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			TITLE		Change Addition
NAME			NAME			
STREET ADDRESS	5143 HARROGATE		1.3	STREET	AODRESS	
CITY-ST-ZIP	NAPLES FL 34112			CITY-S		
TITLE	VSTD	₩ D		TITLE		Change Addition
NAME	BRADSHAW, PATRI	CIA M	2.2	NAME		
STREET ADDRESS	5143 HARROGATE		23	STREET	ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112			CITY-S	-	
TITLE	DELETE			3.1 TITLE		Change Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLÉ		□ DI		TITLE		Change Addition
NAME			4.7	NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE		□ D£		TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DE		TITLE		Change Addition
NAME			62	NAME		
STREET ADORESS					ADDRESS	

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.