

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUN 30 PM 2:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000083809 (9)

1. Corporation Name
ANGEL-MCLEOD ENTERPRISES, INC.



Principal Place of Business
1681 BONITA LANE SARASOTA FL 34239

Mailing Address
1681 BONITA LANE SARASOTA FL 34239-6813

3. Date Incorporated or Qualified
10/10/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 472 John Ringling Blvd

2a. Mailing Address
26 472 John Ringling Blvd.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Sarasota, FL

28 City & State
Sarasota, FL

24 Zip
34236

25 Country

29 Zip
34236

30 Country
USA

4. FEI Number
65-0700359

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MCLEOD, KIMBERLY A
 1681 BONITA LANE
 SARASOTA FL 34239**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEOD, KIMBERLY A	
STREET ADDRESS	1681 BONITA LANE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Nicole Angelotti	
23 STREET ADDRESS	472 John Ringling Blvd	
24 CITY-ST-ZIP	Sarasota, FL 34236	
31 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Carol A. Angelotti	
33 STREET ADDRESS	472 John Ringling Blvd.	
34 CITY-ST-ZIP	Sarasota, FL 34236	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

SIGNATURE: _____ DATE: **June 1 1997 2:52:10 PM**

CR2E034 (9/96)