


* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT 22 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE
		Sandra B. Morham
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000083963 (4)**

1. Corporation Name
ANGELIC AIR, INC.

Principal Place of Business
**7731 OLD FLORAL CITY ROAD
SUITE 1
FLORAL CITY FL 34436-0296**

Mailing Address
**7731 OLD FLORAL CITY ROAD
SUITE 1
FLORAL CITY FL 34436-0296**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 14652 SE 175th St. Suite, Apt. #, etc.	26 203 Courthouse Sq. Suite, Apt. #, etc.
22 City & State Weirsdale, FL	27 City & State Inverness, FL
23 Zip 32195	28 Zip 34450
24 Country Marion	30 Country Citrus

3. Date Incorporated or Qualified 10/08/1996	3a. Date of Last Report
4. FEI Number 59-3408646	Applied For Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KOVACH, MICHAEL T 7731 OLD FLORAL CITY ROAD SUITE 1 FLORAL CITY FL 34436-0296		81 Name Michael T. Kovach 82 Street Address (P.O. Box Number is Not Acceptable) 203 Courthouse Square 83 84 City Inverness FL 85 Zip Code 34450	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVACH, MICHAEL T 7731 OLD FLORAL CITY ROAD SUITE 1 FLORAL CITY FL 34436-0296 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002329647--1 -10/27/97--01008--003 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T King Ducharme Post Office Box 1039 Weirsdale, FL 32195 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 14652 SE 175th St. Weirsdale, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S Frank Duarte 509 Poinsetta Ave. Inverness, FL 34452 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/22/97

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.

CR2E034 (4/97)

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MICHAEL T. KOVACH

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Florida Bar No. 156697
203 Courthouse Square
Inverness, FL 34450

Telephone (352) 344-5551
Fax (352) 344 5661

October 7, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Angelic Air, Inc.

Gentlemen:

Enclosed is the Annual Report for Angelic Air, Inc. This Second Notice of Report was forwarded to our new address by the Postmaster of Floral City, FL. The first Report was mailed from your division after we had moved to our new address and was not forwarded to us.

My secretary spoke with a young man from your division by the name of Doug. After explaining the situation to him, he advised us to send in the Report, a check in the amount of \$165.00 and this letter of explanation.

Cordially,



Michael T. Kovach

MTK/jcm

Enclosures: Annual Report/Check \$165.00