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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DO0111	MENT 4					· · · · ·	.*	7.
1. Corporation	MENT # P97000	026147				•		
	SAL ANGELS, INC.					2.344	en de la companya de La companya de la co	
011112111					1 10311001 110 11	AN ABAM BANK BANK BANK BA	110 110 11 11 11 11 11 11 11 11 11 11 11	# D18# 188 1881
Principal Plac	e of Business	Mailing Address			1,44,114,114	1(1 FB#16 ##16) ##171 ##171 ##	118 11819 61181 7181	# 94811 18 \$1 18 PI
23123 STATE ROAD 7		23123 STATE ROAD 7						
#300-A BOCA RATON FL 33428		#300-A BOCA RATON FL 33428			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated	J or Qualifed		
		ny _ namaninana			03/24/1997		t ir.	
<u>-</u> -	lace of Business	2a. Mailing Address			4, FEI Number		F 1	pplied For lot Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc			65-0737966			Additional
22	.,	27		5. Certifcate of Statu	is Desired []		Required	
City & Stat	e	City & State		6, Election Campaign Financing [1] \$5		\$5.00) May Be	
23		28			Trust Fund Contri	bution	Added	to Fees
Zıp	Country	Zip	Countr	y	1 '	owes the current year I	Intangible []] Yes	□No
24	9. Name and Address of Current		30]		Personal Property 10. Name and Addre			
	S. Hallo and Addices of Carrent	Trogistered Figure	81	Name	io. Hame and reading	os or moir mogranais		· · · · · · - · · · · · · · -
STONE, GLORIA				Street Add	dress (P.O. Box Number is	Not Acceptable		
	A SEVERN DR		6	alleet Add	iless (F.O. Box Number is	Not Acceptable)		
#30			83					
BOC	A RATON FL 33433		84	City		· · · · · · · · · · · · · · · · · · ·	. [85] Zip	Code
f .				L		F	Ļļ.	
11. Pulsuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was aut	s, the abov horized by	re-namied corp r the corporati	poration submits this state ion's board of directors. I	ment for the purpose hereby accept the app	of changing its pointment as re	s registered egistered
agentla	m familiar with, and accept the obligati	ons of, Section 607.0505, Ftoric	da Statute	S.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE F	Registered Age	int signature requir	ed when rumstabing)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHAN	IGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D	[] DELETE	1 1 TITLE				[] Change	[] Add-tion
NAME	STONE, GLORIA		1.2 NAME					
STREET ADDRESS	8201 SEVERN DRIVE #A			1 ADDRESS				
CITY-ST-ZIP TITLE	BOCA RATON FL 33433	DELETE	14 CITY-S	ST-ZIP		•	[] Change	[] Addition
NAME	D Stone, Lewis D	Ditti	2 2 NAME				_ •	
STREET ADDRESS	3505 W ATLANTIC BL #1211	, ,	1	T ADDRESS	300	1002901	0071633 9901015014	
CITY-ST-ZIP	POMPANO BCH FL 33069		2 4 CHTY-			****150.00		-014
TITLE	D	[] DELETE	3 1 TITLE	= ·- ·		****190.00	[] Change	[] Addition
NAME	MALLEY, JEFFREY K		3 2 NAME					
STREET ADDRESS	23210 SEDAWIE DRIVE		3 3 STREE	I ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		34 CITY-	ST-ZiP			F	
TITLE		(L) DELETE	4 1 TITLE				[]] Change	Addition
NAME			4 2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S 5.1 TITLE	51-219	•		[] Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	LADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST- Z IP				
TITLE		[]] DELETE	6 1 TITLE			1	J TChagge	[] Addition
NAME			6 2 NAME			(\t	1. 1ª	, ~(
\$TREET ADDRESS				LADDRESS		(V)	2 あいし	
L COTAL OF THE			64 OTY-5	st-ZiP I				

14. Thereby 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 hie receiver or trustee enviowered 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

561-852-8441