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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035379 (1)

SPEAKING OF ANGELS, INC.

Principal Place of Business

Mailing Address

1850 LEE RD. SUITE 1879

WINTER PARK FL 32789

Minter Park FL 32789

FILED
Apr 13 1998 8:00am
Secretary of State



WINTER PARK FL 32789		WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 04/18/1997	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21 26						59-3445484 Not Applicable	
Suite Apt # etc . Suite Apt #, etc .			160			5. Certificate of Status Desired S8.75 Additional	
22 #303 27 #			4 303	305		Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be	
23	Country	Z (p)	l Co	untry		Trust Fund Contribution Added to Fees	
Zip 24	<u>├</u>	}η '	30	unuy		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	9. Name and Address of Curi	rent Registered Agent	[30]	т —		10. Name and Address of New Registered Agent	
nn/		tont riogistored rigen		81	Name	IV. Hamo and Against a literature and a	
PROECHEL, ROBERT W							
1850 LEE RD, SUITE +1817 (本 3 つ) WINTER PARK FL 32789				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
AAM	ITEH PARK PL 32/89			83			
				84	City	85 Zip Code	
44 Durament	to the provisions of Sections 607 (0502 and 607 1508. Florida	Statutoe the s	hove	named c	orporation submits this statement for the purpose of changing its registered	
agent. I a SIGNATURE	m lamiliar with, and accept the ob						
	Signature, typed or printed name of registered				ni signature re	equired when reinstating) DATE	
12.		AND DIRECTORS	13.		······································	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
TITLE	PD PROCEST PORCET W	L DELE			- 1	Change Addition	
NAME	PROECHEL, ROBERT W	301		NAME			
STREET ADDRESS	1850 LEE RD, SUITE 187	, J.			ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	DELF		CITY-S	í-ZIP	☐ Change ☐ Addition	
TITLE	VD Day, Leonard C	var				Change C Addition	
NAME	1850 LEE RD, SUITE 167	200-		NAME			
STREET ADDRESS	WINTER PARK FL 32789	2)00		2.3 STREET A			
CITY-ST-ZIP	TD	DELE		2. 4 CITY-ST-ZIP 3.1 TITLE		Change Additio	
TITLE	DAY, LURANA M	ב) הנונ			1	C) Criange C Additio	
NAME	1850 LEE RD, SUITE 1889 .	201		NAME			
STREET ADDRESS	WINTER PARK FL 32789	303			ADDRESS		
CITY-ST-ZIP TITLE	SD SD	DELE		CITY-S	I - ZIP	Change Additio	
	PROECHEL, PATRICIA L	L., peci		NAME			
NAME	1850 LEE RD, SUITE 123.	305					
STREET ADDRESS	WINTER PARK FL 32789	J +2	1		ADORESS		
CITY-ST-ZIP	WINIER PAIN FL 32/09	DELE		CITY-S	r-ZIP	☐ Change ☐ Additio	
TITLE					1	Change C Addition	
NAME				NAME	ADDOCAG		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		T brit		CITY-S	r-zip	☐ Change ☐ Additio	
TITLE		☐ DELE		TITLE		LJ Criange LJ Adollio	
NAME				NAME			
STREET ADDRESS					ADDRESS		
ÇITY-ST-ZIP			6.4 (CITY-S	r- ZIP		

I. I hereby certify that the information supplied with this fifting 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 frustate 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

3-11-98

407 629-4811