

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90052 037 \*\*\*150.00

DOCUMENT # P97000035379

1. Corporation Name

SPEAKING OF ANGELS, INC.

Principal Place of Business

1850 LEE RD. SUITE 334  
WINTER PARK FL 32789  
US

Mailing Address

1850 LEE RD. SUITE 127  
SUITE 305  
WINTER PARK FL 32789  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

59-3445484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1850 Lee Rd

2a. Mailing Address

26 P.O. Box 1418

Suite, Apt. #, etc.

22 #334

Suite, Apt. #, etc.

27

City & State

23 Winter Park FL

City & State

28 WINTER PARK FL.

Zip

24 32789

Country

25 USA

Zip

29 32789

Country

30 USA

9. Name and Address of Current Registered Agent

PROECHEL, ROBERT W  
1850 LEE RD SUITE 305  
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD PROECHEL, ROBERT W

STREET ADDRESS 1850 LEE RD SUITE 334

CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME VD DAY, LEONARD C

STREET ADDRESS 1850 LEE RD SUITE 334

CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME TD DAY, LURANA M

STREET ADDRESS 1850 LEE RD SUITE 334

CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME SD PROECHEL, PATRICIA L

STREET ADDRESS 1850 LEE RD SUITE 334

CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W PROECHEL 1/25/99

Date

Daytime Phone #

407 629-4811

CR2E034 (11/98)