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

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90071 012 ***150.00

1. Corporation	MEN 1 # P9700 EM ANGELS, INC.	0064858		
Principal Place	of Business	Mailing Address		T INESTEDS ILS JEIST LEBIT ABITA OBTEL ABIED BISTE SANDE JOSEN DITAL SELL CONT.
•		5343 JADE CIRCLE		·
5343 JADE CIRCLE 5343 JADE CIRCLE ORLANDO FL 32812 ORLANDO FL 32812				
ONLANDO FE S	2012	Olighado ve deove		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				07/18/1997
2 Principal Pl	ace of Business	2a, Mailing Address		4 FEI Number Applied For
- i	000 01 20 0111000	26		59-3460372 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		\$8.75 Additional
	,, etc.	27		5. Certificate of Status Desired Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing \$5.00 May Be
	5	} '		Trust Fund Contribution Added to Fees
23	Country	28 Zip	Country	
Zip	Country	_ <u>_</u> _	¬ '	8. This corporation owes the current year Intangible Personal Property Tax. □ No
24	25 Sure	29 30	<u>'L</u>	10. Name and Address of New Registered Agent
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
NICCI	DUAM LODI		b) Name	
NEEDHAM, LORI			82 Street	Address (P.O. Box Number is Not Acceptable)
5343 JADE CIRCLE				
ORL	ANDO FL 32812		83	
			04 67	85 Zip Code
			84 City	FL S Z Code
agent. I a	m familiar with, and accept the obli- Signature, typed or printed name of registered a	gations of, Section 607.0505, Florida agent and title if applicable (NOTE: Re	Statutes.	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEEDHAM, LORI		1.2 NAME	
STREET ADDRESS	5343 JADE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		5 .	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
		7	2.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	[*] Change □ Addition
TITLE		<u> </u>	3.2 NAME	
NAME		!		
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	[Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u>'</u>
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	}
TITLE		☐ DELETE	6.1 TITLE	Change Addition
			6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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.

Heb. 26, 1999