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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082870

1. Corporation Name

ANGELL RESTORATION SERVICES INC

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90001 013 ***150.00

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Principal Place	e of Business		Ma	ailing Add	ress	_						13 00 111 0016 1 1	811 8 1198	1 19111 191		
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1										09/24/1997	or Qualifou					ļ
Principal Place of Business 2a, Mailing Address										4. FEI Number				Appl	lied For	1
21				6					59-3471426			Not Applicable			1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5 Certificate of Status	:Desired:::::				lditional	عال
22				27									Fe	e Req	uired	1
City & State			City & State						6. Election Campaign	_			.00 м			
23			28							Trust Fund Contribu				ded to	Fees	┧
Zip		ountry	\vdash				Country			8. This corporation ow		ent year Inta	angible Yes	, г	∃No	
24	9 Name and A	ddress of Current R	29 30							10. Name and Addres		egistered /				4
	9. Name and A	daress of Current N	regis	reied Ag	ent		81	Name	_	To: Hame and state of			-g			
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505	NORTH MORGA	N STREET					02	Street	Addies	ss (F.O. Box Number is i	Ant vicehta	Die,				
TAM	PA FL 33602				•		83									
							84	City				FL	85	Zip Co	ode	1
44 Dimension	A. the provisions of	Sections 607 0502 a	and 6	07 1509	Florida Statut	tos the s	above	-named	comor	ration submits this statem	nent for the	nurpose of	<u>l</u> changir	na its re	egistered	1
l office or n	edistered agent or	both in the State of I	Floric	ta. Such d	change was a	uthorize	d by t	the com	oration	's board of directors. I he	ereby accep	t the appoir	itment	as regi	stered	
agent. I a	m familiar with, and	accept the obligation	ns of,	Section (607.0505, Flo	orida Stat	tutes.		•••							
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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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date

Daytime Phone #