AMUUNT DUE UN UK BEFUKE BYTTSHYK. \$330 (IF DISSOCKED, MITUMUM AMUUNT DOE TO KEINSTMIE. \$130)

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

OCUMENT # P980000451471

ANGLETON ENTERPRISES, INC.

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Mailing Address 30 COLUNS AVENUE #201 10230 COLLINS AVENUE #201 BAL HARBOR FL 33154 HARBOR FL 33154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1998 Principal Place of Business 2a. Mailing Address Applied For FEI Number -08381 26 Not Applicable Suite, Apt. # etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Yes No 25 29 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ANGLETON, JAMES Street Address (P.O. Box Number is Not Acceptable) 82 10230 COLLINS AVENUE #201 BAL HARBOR FL 33154 83 84 City 85 Zip Code FL 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. NATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD 1.1 TITLE DELETE Change Addition ANGLETON, JAMES 1.2 NAME 10230 COLLINS AVENUE #201 ET ADDRESS 1.3 STREET ADDRESS BAL HARBOR FL 33154 ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition 2 2 NAME :TADORESS 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3T-ZIP 3.1 TITLE DELETE Change Addition 32 NAME ET ADDRESS 3 3 STREET ADDRESS ST-ZIP 3.4 CITY-ST-ZIP DELETE 4 1 TITLE Change Addition 4.2 NAME ET ADDRESS 4.3 STREET ADDRESS 11-216 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5 2 NAME T ADDRESS 5 3 STREET ADDRESS T-210 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition 6.2 NAME 7 ADDRESS 6.3 STREET ADDRESS 64 CATY-ST-ZIP 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 dicated 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 in officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chepter 607, Florida Statutes, and that my name appears a Block 12 or Block 13 if changed, by on an attag ment with an address.