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 Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90023 049 ***150.00

DOCUMENT # P98000078647 1. Corporation Name ANGLIN ENTERPRISES, INC.						
Principal Place	e of Business	Mailing Address		1 1991/901 NW 18131 18111 48111 89114 881(1 9811	. 1949) (Bris 2011) \$19(f [, e , 100 i
5951 ANGLIN LANE 5951 ANGLIN LANE						
CRESTVIEW FL 32539 CRESTVIEW FL 32539			DO NOT WRITE IN THI	S SPACE		
				3. Date Incorporated or Qualifed		
				09/11/1998		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied	For
21				<u> </u>	Not App	
Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
22 City & State City & State				Fee Require		
City & Stat	.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes the current year		-
24	25	29 30		Personal Property Tax.	☐ Yes X No	o
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent	
44.45	DH AMAZED		81 Name		•	1
AMERILAWYER 343 ALMERIA AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83 =			
0011	IAL CABLLO, I L 30104		83 🗢			
			84 City	F	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.						
	in lamilar with, and accept the conga	mons of, Section 557.5555, Florida	Otalaico.			ļ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regi	istered Agent signature require			
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		N 12 C
TITLE	PSTD MARIA A	☐ DELETE	1.1 TITLE	•	☐ Change ☐	1 VOOIIION 3
NAME	ANGLIN, MARIA A 5951 ANGLIN LANE		1.2 NAME			8
STREET ADDRESS	CRESTVIEW FL 32539		1.3 STREET ADDRESS			
CITY-ST-ZIP	VD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐	Addition
NAME I	ANGLIN, STEVEN R		2.2 NAME			
STREET ADDRESS	5951 ANGLIN LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL 32539		2. 4 C(TY-ST-ZIP			}
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐	Addition
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- TITLE -		, ☐ DELETE	4.1 TITLE	•••	□ Cliquide □	Addition
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STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐	Addition
NAME			5.2 NAME			Į
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CITY-ST-ZIP		<u> </u>	5.4 CITY-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	6.1 TITLE	=	Change	Addition
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS	,		-

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.