## 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** 

## DOCUMENT # P98000096226 1. Corporation Name

ANGELUS BOTANICA, INC.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90035 020 \*\*\*150.00



	1. <u>†</u>										
Principal Place	e of Business	Mailing Address				3 10011	<b>abi</b> 148 18181 18111 83111 83		10110 0(114 11610	ISBLE BISE INDI	
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	·						porated or Qualifed				
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· ·	ace of Business	2a. Mailing Address					์ช <i>า75</i> 32	_		Applicable	
21	#	26 Suite: Apt #- etc.				000			\$8.75 A	~——	
22	#-etc	27			•	5. Certifcate	of Status Desired		Fee Re		
City & State	9	City & State				6. Election C	ampaign Financing		\$5.00	May Be	1
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Zip Country		Zip				8. This corpo	ration owes the curre	ent year Inta	angible	-	
24	25	29	30			,	Property Tax.	•	Yes	□No	
	9. Name and Address of Curren		1	T		10. Name and	Address of New R	Registered A	Agent		]
			_	81	Name			•			
	PROWSKI, PAUL A			82	Street Ad	ddress (P.O. Box Nu	mber is Not Accents	ible) ·			1
l	31 PINES BOULEVARD				Sileet Ad	udiess (F.O. DOX 140	mbar is trot Accepta	,			
l	TE 224			83			<del>-</del>				
PEM	IBROKE PINES FL 33024			84	City				85 Zip C	ode.	┨
				04	City			FL	105 Zip C	.000	1
44 5		2 and 607 1509 Florida Statut	os the s	<del>:</del>		ornoration submits th	is statement for the	purpose of	changing its	registered	
11. Pursuant	to the provisions of Sections 607.050	z ariu 607. 1506, Florida Statut	es, uje a	ibove-r	named co	orporation basinits a	toon I bombu accom	t the enneit	tmont on ro		
l office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthonzed	d by th	named co ne corpora	ation's board of direc	tors. I hereby accep	the appoir	ntment as reg	jistered	
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthonzed	d by th	named co ne corpora	ation's board of direc	tors. I hereby accep	it the appoir	ntment as reg	gistered	
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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 on an attachment with an address, with all other like empowered. CITY-ST-ZIP

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NG OFFICER OR DIRECTOR

305) 931-1322