

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -9 AM 10:28

**DOCUMENT # S18787**

**(9)**

1. Corporation Name

**GREEN ANGEL, INC.**

Principal Place of Business

**1591 E. ATLANTIC BLVD.  
SUITE 200  
POMPANO BEACH FL 33060**

Mailing Address

**1591 E. ATLANTIC BLVD.  
SUITE 200  
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/12/1990** 3a. Date of Last Report **04/04/1994**

4. FBI Number **65-0232183** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUFNER, CARLA  
1591 E. ATLANTIC BLVD.  
SUITE 200  
POMPANO BEACH FL 33060**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**  
NAME **KUFNER, CARLA**  
STREET ADDRESS **1591 E ATLANTIC BLVD.**  
CITY- ST- ZIP **POMPANO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D**  
NAME **KUFNER, CARLA**  
STREET ADDRESS **1591 E ATLANTIC BLVD.**  
CITY- ST- ZIP **POMPANO BEACH FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or on the biennial 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

**KUFNER**

**305-735-4398**

**02/06/95**