FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

4.6.23/97 305/558-4907

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **\$23417**

(6)

ANGEL CRAFTS, INC.

SIGNATURE:

Principal Place of Business Mailing Address 221 W. 96 STREET HALEAH FL 33012 Mailing Address 221 W. 96 STREET HIALEAH FL 330124315							n tabildin iin tiann ithii didar iläti ikäi i	DIMIL MEMEL M	(B1)	11011 1001
							3. Date Incorporated or Qualified 01/08/1991		ate of Last Ro 14/1996	eport
2. Principal P 21]	lace of Business	28. Mailing 26	Mailing Address				4. FEI Number Applied For 65-0232869 Not Applicable			
Suite, Apl	#, etc.	Suite, /	City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stati	e	h1					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζιρ 24	Cour 25	29		30	intry			Yes 📗	☑ No	199.032,
	9. Name and Add	ress of Current Registered A	gent				10. Name and Address of New Re	gistered	Agent	
STU	ll, frank				81	Name				
	W. 36 STREET EAH FL 33012					Street Add	ess (P.O. Box Number is Not Acceptable)			
					83		***************************************			
					84	City		FL	85 Ζίρ (
11. Pursuant office or r agent it a	to the provisions of Se egistered agent, or bi m familiar with, and a	xctions 607.0502 and 607.1508 oth, in the State of Florida Such coept the obligations of Section	, Florida Statute i change was a n 607.0505. Flo	es, the al authorize orida Stat	bove d by utes	named corpora the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of it the app	changing its ointment as	s registered registered
SIGNATURE		,								
	Styriatine, typical or printed in	me of regestered agent and title it applicab	e. (NOTE	Registere	d Age	nt signature requi	red when reinstating)	DATE		
12.	, . 	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		S IN 12
TITLE	D		☐ DELETE	11 TI	TLE				☐ Change	Addition
NAME	STULL, FRANK			12 N/	AME					
STREET ADORESS	221 W. 36 STREE	:1		1351	HEET	ADDRESS				
CHY ST ZIF	HIALEAH FL			14 C	17 - S1	I - ZIP				
DATE			DELETE	21 Ti	TLE	1			∐ Change	ا Addition
NAME				22 N	AME.					
STREET ADORESS				2351	HEET	ADDRESS				
CITY-ST-ZIF				2 4 0		T-ZIP				
THLE			☐ DELETE	31 Ti					L Change	L Addition
NAME				32 N	AME					
STREET ADORESS						ADDRESS				
CHY- S1-70*			T BELETE			T-ZIP			Г 7 Лини	1 4 2 69
1 1LE			DELETE	4 1 T)		}			☐ Change	☐ Addition
NAME				4 2 N						
STREET ADORESS						ADDRESS_				
CHY-ST 7P			Driete		TY - \$1	r-ziP			T 10	4.400-
Tilli			DELETE	5 1 TI		I	•		L Change	☐ Addition
NAME SUBJECT ADDRESS OF				52 N/						
STREET ADDRESS						ADDRESS				
CHY-SL ZP			DELETE	540)		r-ZIP			Channa .	
THE			ET DECETE	6111			· .		L Change	☐ Addition
NAME OTSERVED SINCE				62 N/						
STREET ADORESS				6351	HEET	address	•			

14. I do 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 inocated on this arinual 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 charged, or on an attachment with an address.

Frank Stery (1) ATTENDED ATTURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR