

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V00301

(4)

1. Corporation Name:

ANGLE IN MOBILE COURT, INC.



Principal Place of Business

Mailing Address

10705 SE FEDERAL HIGHWAY
HOBE SOUND FL 33455

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HOBE SOUND FL 33455

3. Date Incorporated or Qualified
12/16/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0301704

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNINCH, MARGARET R.
10705 SE FEDERAL HWY
HOBE SOUND FL 33455

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 of Registered Agent (Print Name and Address)

Signature of New Registered Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☒ DELETE
NAME	PORTER, ROSIE L.	
STREET ADDRESS	10705 SE FEDERAL HWY	
CITY-STATE-ZIP	HOBE SOUND FL	
TITLE	VP	☐ DELETE
NAME	MCNINCH, MARGARET R.	
STREET ADDRESS	10705 SE FEDERAL HWY	
CITY-STATE-ZIP	HOBE SOUND FL	
TITLE	ST	☐ DELETE
NAME	MCNINCH, MARGARET	
STREET ADDRESS	10705 SE FEDERAL HWY	
CITY-STATE-ZIP	HOBE SOUND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	President	☒ Change ☐ Addition
2. NAME	MCNINCH, MARGARET R.	
3. STREET ADDRESS	10705 SE FEDERAL HWY	
4. CITY-STATE-ZIP	HOBE SOUND, FL 33455	☐ Change ☐ Addition
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		☐ Change ☐ Addition
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 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 a attachment with an address.

SIGNATURE: x

Margaret R. McNinch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 407-546-5000
Date File No.

CR2E034 (12/95)