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 # V20802

ANGUS ENTERPRISES INC.

Principal Place of Business 11151 S.W. FOXBROWN ROAD INDIANTOWN FL 34956

Mailing Address

11151 S.W. FOXBROWN ROAD INDIANTOWN FL 34956

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90044 050 ***150.00



DO NOT	WRITE IN	THIS	SPACE
DO 1101	******		w

3. Date Incorporated or Qualifed

03/11/1992

					00/11/1002			
2. Principal P	lace of Business	2a. Mailing Address	-	_	4. FEI Number		Applied For	
21		26			65-0321305		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		E Continue of Ctotal Desired	\$8.7	5 Additional	
22		27			5. Certifcate of Status Desired	Fee	e Required	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.	00 May Be	
23 - ⊢	_	28	ء ي		- Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current	vear Intangible		
	25	29	30	•	Personal Property Tax.	Yes	≥ No	
24	9. Name and Address of Curre		30		10. Name and Address of New Reg	istered Agent		
	J. Hame and Address of Conta	in negistarea Agein	8	1 Name	\			
BRO.	WN, RICHARD S							
11151 S.W. FOXBROWN ROAD			8	82 Street Address (P.O. Box Number is Not Acceptable) 83				
			_					
INUL	ANTOWN FL 34956		8	31	\checkmark			
			<u> </u>	4 City		85 2	Zip Code	
			1	T City		FL **\	- p	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ve-named corp	oration submits this statement for the pur	pose of changing	g its registered	
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized b	y the corporation	on's board of directors. I hereby accept the	e appointment a	s registered	
	in landing with, and accept the oblid	ALIONS OIL SHELILLII DUV. USUS, FIU	- Statut	· .		2 155	19	
SIGNATURE	Standard, typed or printed name of registered ag	ant and title if annicable (NOTE	Registered A	ent signature required	d when reinstating)	DATE	<u> </u>	
12.		ND DIRECTORS	13.	ant aignatoro requise	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TITLE	PT	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Char		
	1 * -							
NAME	BROWN, RICHARD S		1.2 NAM	1				
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NAME	BROWN, TONI	•	2.2 NAM	E				
STREET ADDRESS			2.3 STR	ET ADDRESS				
CITY-ST-ZIP	INDIANTOWN FL 34956		2. 4 CITY	-ST-ZIP				
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NAME				ET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

(Bichard & BRO Way 3-15-99