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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V22961

(9)

JEFFREY S. DEANGELIS, INC.

Mailing Address 4621 SHEERWATER LANE

FILED Mar 07 1997 8:00am Secretary of State



4621 SHEERWA' NAPLES FL 339		4621 SHEERWATER LANE NAPLES FL 34119-8838						
				03/20/1992 04		Date of Last Report 4/25/1996		
	lace of Business	2a. Mailing Address		_	4. FEI Number			ptied For
21 4621 SHEATOWA TETS -N 26 4621 SHEARLA				LANG	65-0320478			ot Applicable
Suite, Apt. 22	Suile, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23	PLES FL	City & State 28	FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
24] ^{7p} 34//	7 Country 25		Country 30			Yes 🗌	No	199.032
	9. Name and Address of Current	Registered Agent	81	T No	10. Name and Address of New Reg	istered Ag	ent	
	NGELIS, JEFFREY S.		81	Name				
4621 SHEERWATER LANE NAPLES FL 33999					ress (P.O. Box Number is Not Acceptabl	e)		
			83					
			84	City		FL	85 Zip (Code
office or r	registered agent, or both, in the State or familiar with, and accept the obligation of the state	of Florida. Such change was a dions of, Section 607.0505, Flo	uthorized b orida Statute	y the corporat s.	poration submits this statement for the pution's board of directors. I hereby acception when reinstating)	t the appoir	itment as	registered
12.	OFFICERS AND		13.	p it aiding the thirting	ADDITIONS/CHANGES TO OFFIC		RECTOR	3S IN 12
Till, F	D	DELETE	1 1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	DEANGELIS, JEFFREY S.		1.2 NAME				-	
STREET ADDRESS	4621 SHEERWATER LANE		1.3 STREET	ADDRESS				
City-St-7:2	NAPLES FL		1.4 CITY-	ST - ZIP				
1:1LF	V	DELETE	2.1 TITLE			L	Change	Addition
NAME	DEANGELIS, JANICE		2.2 NAME					ļ
STREET ADDRESS	4621 SHEERWATER LANE		2.3 STREE	r address				
CHY-S1-ZIP	NAPLES FL		2. 4 CITY-	SI-ZIP			1	
TITLE		DELETE	31 TITLE			L	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				F ADDRESS				
CITY-ST ZIP		DELETE	3.4 CITY- 4.1 TITLE	S1-2IP			Change	Addition
NAM _é		La Decert	4.2 NAME			L	_ +	
STREET ADDRESS:				ADDRESS				
CHTY - ST - ZIP			4.4 CITY-					
IULE		DELETE	51 TITLE				Change	Addition
NAME.			5.2 NAME					
STREET ADORESS			5.3 STREE	ADDRESS				
0(1Y+51+Z0			5.4 CITY-	ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	F				
STREET ADDRESS			6.3 STREE	ADDRESS				
CHY-ST-7IP			6.4 C(TY-	ST - ZIP				

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 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 office: 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.