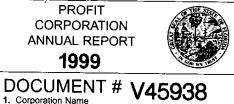
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90059 018 \*\*\*150.00 **Katherine Harris** Secretary of State

	ANG, INC.			) (1887 8)(8)) 81887 8179 18188 (110) 801 81	Diji didiki didik dibak badik dibak kada
Principal Pla 805 ERROL P APOPKA FL 3 US		Mailing Address PO BOX 2644 APOPKA FL 32704 US			
		03		DO NOT WRITE IN TH	HIS SPACE
2 Principal	Place of Business			3. Date Incorporated or Qualifed 06/23/1992	
21	lace of Busilless	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		59-3130020	Not Applicable
22 City & Sta		27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23	ie	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes the current year	
	9. Name and Address of Curr		30	Personal Property Tax.  10. Name and Address of New Registere	Yes □No
			81 Name	IV. Name and Address of New Registers	a Agent
	LANG, JAMES JOHN				
805 ERROL PARKWAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
APOPKA FL 32712			83		
			84 City	F	85 Zip Code
11. Pursuant	to the previsions of Sections 607.0	502 a 6 607.1508, Florida Statul	es, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. I a	m familiar with, and according oblig	te of Florida. Such change was a retions of Section 607.0505. Fig.	uthorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	James Hist	as - JAME	5 Mestons	1/20/99	9
	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	Registered Agent signature require	d when reinstating) DATE	<u> </u>
12.		ND PRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D MOLANO MAREO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MISLANG, JAMES J.		1.2 NAME		
STREET ADDRESS	805 ERROL PARKWAY				
CITY-ST-ZIP			1.3 STREET ADDRESS		
TITLE	APOPKA FL		1.3 STREET ADDRESS 1.4 CITY- ST-ZIP		
TITLE	APOPKA FL	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	APUPKA FL	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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14. 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 suppliemental 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 an attach feet with an address, with all other like empowered.

SIGNATURE:

407-886-0058