

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 238846 (0)

1. Corporation Name

AGMARL INC

Principal Place of Business

ALAN LINDSAY
321 ROYAL POINCIANA PLAZA S
PALM BEACH FL 33480-4019

Mailing Address

ALAN LINDSAY
321 ROYAL POINCIANA PLAZA S
PALM BEACH FL 33480-4019

2. Principal Place of Business

21	Subs. Apt. #, etc.
22	City & State
23	Zip
24	Country

2a. Mailing Address

26	Subs. Apt. #, etc.
27	City & State
28	Zip
29	Country

9. Name and Address of Current Registered Agent

LINDSAY, ALAN
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

3. Date Incorporated or Qualified

07/25/1960

3a. Date of Last Report

03/02/1995

4. FIC Number

59-1603164

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

10. Name and Address of New Registered Agent

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 607.05(2) and 6-17, 1968, 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of person making this statement (check one)

Signature of person making this statement (check one)

(X)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETED
NAME	LINDSAY, ALAN	
STREET ADDRESS	321 ROYAL POINCIANA PLZA	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE	V	☐ DELETED
NAME	ROGERS, DOYLE	
STREET ADDRESS	321 ROYAL POINCIANA PLZA	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE	SD	☐ DELETED
NAME	BAKER, DAVID H	
STREET ADDRESS	321 ROYAL POINCIANA PLZA	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE	TD	☐ DELETED
NAME	HAMBY, LOUIS L III	
STREET ADDRESS	321 ROYAL PIONCIANA PLZA	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19-07(3)(g), Florida Statutes. I further certify that the information in 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 registered or transfer agent empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Lindsay
President

2/27/96 407-659-1770

CR2E034 (12/95)