

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
CORPORATION REGULATIONS

**APPROVED
AND
FILED**

DOCUMENT # H46055 (0)

05 MAY - 1 PM 10: 25

To: Corporation Name
ARGENCOR, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **5009 N. LOIS AVENUE TAMPA FL 33614**
Mailing Address: **5009 N. LOIS AVENUE TAMPA FL 33614**

USE THIS SPACE

3. Date of corporation's formation: 03/08/1985		3a. Date of last report: 05/01/1994	
4. FIC Number: 59-2525694		Applied Fee: <input type="checkbox"/> Not Applicable	
5. Certificate of Status: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Director Campaign Financing: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Does corporation file under the alternative tax under S. 1361? <input type="checkbox"/>		Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Principal Place of Business: 5009 N. LOIS AVENUE TAMPA FL 33614	2a. Mailing Address: 5009 N. LOIS AVENUE TAMPA FL 33614	21. State Agent: 26	22. State Agent: 27
23. State Agent: 24	24. State Agent: 25	25. State Agent: 28	26. State Agent: 29
27. State Agent: 30	28. State Agent: 31	29. State Agent: 32	30. State Agent: 33

9. Name and Address of Current Registered Agent GAVOSTO, HUGO 5013 N. LOIS AVE. TAMPA FL 33614		10. Name and Address of New Registered Agent B1. Name: B2. Street Address (P.O. Box Number is Not Applicable): 5009 N LOIS AVE B3. B4. City: TAMPA FL 85: 33614	
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11. The undersigned, the president or secretary of the corporation, certifies that the above named corporation submits this statement for the purpose of changing its registered office as provided for in Part 4 of the rules of the Secretary of State. The undersigned certifies that the corporation's board of directors has duly accepted the appointment of registered agent.

[Signature] **4/12/95**

12. PST GAVOSTO, HUGO 5010 GALLEON WAY TAMPA FL D GAVOSTO, HUGO 5010 GALLEON WAY TAMPA FL	13. 5009 N. LOIS AVE TAMPA FL 33614
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14. The undersigned certifies that the information supplied with this filing is voluntarily furnished and deemed true and correct by the declarant(s) stated in Part 12 of this report. The undersigned certifies that the information supplied in this report is true and correct and that my signature shall have the same legal effect as if made in person. I am the president or secretary of the corporation and I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the report as the president or secretary of the corporation.

SIGNATURE: *[Signature]* **4/12/95**
PRESIDENT OR SECRETARY OR AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR