**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 May 06 1998 8:00am FLORIDA DEPARTMENT **CORPORATION** Sandra B. Morti ANNUAL REPORT Secretary of State Secretary of Sta DIVISION OF CORPORATIONS 1**9**98 DOCUMENT #

1. Corporation Name K69946 AGB ENTERPRISES, INC. Mailing Address Principal Place of Business 1705 NW 36TH COURT 1705 NW 36 CT OAKLAND PARK FL 33309-5813 OAKLAND PARK FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1989 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0107687 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Zıp Personal Property Tax due June 30. ☐ Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLASCHIK, ANDREW G. 1705 NW 36TH COURT Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33305 83 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE BLASCHIK, ANDREW G. 1.2 NAME NAME **1705 NW 36TH COURT** 1.3 STREET ADDRESS STREET ADDRESS OAKLAND PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - S1 - ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ■ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 chapted, or on an attachment with an address.

CITY-ST-ZIP