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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002640

1. Corporation Name

AGAMA PATH, INC.

Principal Place of Business

1450 SO. DIXIE HWY.
BOCA RATON FL 33442

Mailing Address

1450 SO. DIXIE HWY.
BOCA RATON FL 33442



2. Principal Place of Business

21 14 S. SWINTON AVE

Suite, Apt. #, etc.

22

City & State

23 DELRAY BEACH, FL

Zip

24 33444

Country

25 USA

2a. Mailing Address

26 14 S. SWINTON AVE

Suite, Apt. #, etc.

27

City & State

28 DELRAY BEACH, FL

Zip

29 33444

Country

30 USA

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROMANO, RODNEY G
1450 SO. DIXIE HWY.
BOCA RATON FL 33442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
14 S. SWINTON AVE

83

84 City DELRAY BEACH

FL

85 Zip Code 33444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WORRELL, THOMAS E JR

STREET ADDRESS 1450 SO. DIXIE HWY.

CITY-ST-ZIP BOCA RATON FL 33442

TITLE D ☐ DELETE

NAME SMITHER, ROBERT M JR

STREET ADDRESS 1450 SO. DIXIE HWY.

CITY-ST-ZIP BOCA RATON FL 33442

TITLE D ☐ DELETE

NAME ROMANO, RODNEY G

STREET ADDRESS 1450 SO. DIXIE HWY.

CITY-ST-ZIP BOCA RATON FL 33442

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14 S. SWINTON AVE
DELRAY BEACH, FL 33444

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

14 S. SWINTON AVE
DELRAY BEACH, FL 33444

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

14 S. SWINTON AVE
DELRAY BEACH, FL 33444

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. SMITHER, JR 4/27/99 (561) 243-2400

Date

Daytime Phone #

CR2E037 (11/98)