

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000012806 (5)  
1. Corporation Name  
AGP '92 CORP

Principal Place of Business Mailing Address  
C/O Peter Lawrence COMM RE C/O PETER LAWRENCE COMM RE  
4710 EISENHOWER BLVD 4710 EISENHOWER BLVD  
C-1 C-1  
TAMPA, FLORIDA 33634 TAMPA, FLORIDA 33634

3. Date Incorporated or Qualified 12/16/1992 3a. Date of Last Report 03/31/1995  
4. FEI Number 59-3135096 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

HOROWITZ, LAWRENCE D  
4710 EISENHOWER BLVD  
C-1  
TAMPA, FLORIDA 33634

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ABRAMS, ALLAN	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOROWITZ, LAWRENCE D	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ABRAMS, ELAINE	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LLEWELLYN, ROBERTA	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200001815892
5.4 CITY-ST-ZIP	-05/10/96--01003--013
5.5	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided 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 changed, or in an attachment with an address.

SIGNATURE: Allan Abrams 4/29/96 813 889-8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALLAN ABRAMS, Chairman Date Daytime Phone #