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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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
4710 EISENHOWER BLVD
TAMPA FL 33634**

3. Date Incorporated or Qualified **12/16/1992** 3a. Date of Last Report **05/01/1996**
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

**HOROWITZ, LAWRENCE D
4710 EISENHOWER BLVD
STE C1
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name **Allan Abrams**
82 Street Address (P.O. Box Number is Not Acceptable) **4710 Eisenhower Blvd**
83 **Suite C-1**
84 **Tampa** FL 85 Zip Code **33634**

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]* **Allan Abrams, Chairman**
(NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	James J. Shapiro		
5.3 STREET ADDRESS	4710 Eisenhower Blvd C-1		
5.4 CITY - ST - ZIP	Tampa FL 33634		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Allan Abrams, Chairman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/21/97** Daytime Phone #

CF2E034 (9/96)