

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 16 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000063235

1. Corporation Name

AGP '93 CORP

Principal Place of Business

Mailing Address

C/O Peter Lawrence Co.
4710 Eisenhower Blvd.
Tampa, Florida 33634

C/O Peter Lawrence Co.
4710 Eisenhower Blvd.
Tampa, Florida 33634

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 3/15/93
3a. Date of Last Report: 3/31/94

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3200564		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		28		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

Horowitz, Lawrence D
4710 Eisenhower Blvd
Ste C1
Tampa, Florida 33634

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	FL Zip Code

I, 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 if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, ALLAN	1.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	1.4 CITY-ST-ZIP	600001433026
TITLE	DP	2.1 TITLE	-03/17/95--01060--005
NAME	HOROWITZ, LAWRENCE D	2.2 NAME	****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4710 EISENHOWER BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, ELAINE	3.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLEWELLYN, ROBERTA	4.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(k), 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 changed, or both in attachment with an address.

SIGNATURE:

LAWRENCE D. HOROWITZ, PRESIDENT

2-13-95

(813) 889-8855

Date

Telephone Number

CH