

**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 # P 93000063235

1. Corporation Name

AGP ' 93 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 03/15/93 3a. Date of Last Report 03/31/95

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

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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	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, FLORIDA 33634	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, LAWRENCE D	2.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FLORIDA 33634	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	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, FLORIDA 33634	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	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, FLORIDA 33634	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

200001819362  
-05/14/96--01006--008  
\*\*\*200.00

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 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 on an attachment with an address.

SIGNATURE: Lawrence D. Horowitz DATE: 813 889-8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LAWRENCE D. HOROWITZ PRESIDENT