## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P96000102534 (0)

Mailing Address

AGEWSN REAL, INC.

| 3500 GATEWAY DRIVE<br>SUITE 201<br>POMPANO BEACH FL 33069 |                                                                                   |                     | 3500 GATEWAY DRIVE<br>SUITE 201<br>POMPANO BEACH FL 33069 |                         |                                                                                                                     |                  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/19/1996 |                      |                        |  |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------|----------------------|------------------------|--|
| <del></del>                                               | lace of Business                                                                  |                     | ng Address                                                |                         |                                                                                                                     |                  | 4. FEI Number                                                             |                      | Applied For            |  |
| 21 26                                                     |                                                                                   |                     |                                                           |                         |                                                                                                                     |                  | 65-0737409                                                                |                      | Not Applicable         |  |
| Suite, Apt. #, etc. 27                                    |                                                                                   |                     | Suite, Apt. #, etc.                                       |                         |                                                                                                                     |                  | 5. Certificate of Status Desired                                          | T T T T T T          | Additional<br>Required |  |
| City & State                                              |                                                                                   |                     | City & State                                              |                         |                                                                                                                     |                  | 6. Election Campaign Financing                                            |                      | O May Be               |  |
| 23                                                        |                                                                                   | 28                  |                                                           | Count                   |                                                                                                                     |                  | Trust Fund Contribution                                                   |                      | d to Fees              |  |
| Zip<br>24                                                 | Country 7tp Co                                                                    |                     |                                                           | <u> </u>                | Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |                  |                                                                           |                      |                        |  |
| 9. Name and Address of Current Regist                     |                                                                                   |                     |                                                           |                         |                                                                                                                     |                  | 10. Name and Address of New Registered Agent                              |                      |                        |  |
|                                                           |                                                                                   |                     |                                                           |                         |                                                                                                                     | 81 Name          |                                                                           |                      |                        |  |
| FINEBERG, LIBO B ESQ. 3500 GATEWAY DRIVE                  |                                                                                   |                     |                                                           |                         |                                                                                                                     |                  |                                                                           |                      |                        |  |
| SUITE 201                                                 |                                                                                   |                     | 82 Street Add                                             |                         |                                                                                                                     | et Address       | dress (P.O. Box Number is Not Acceptable)                                 |                      |                        |  |
| POMPANO BEACH FL 33069                                    |                                                                                   |                     |                                                           | 8                       | 3                                                                                                                   |                  |                                                                           | <del></del>          |                        |  |
| '                                                         | OMPARO BEACH PL 33009                                                             |                     |                                                           |                         | <u> </u>                                                                                                            |                  |                                                                           |                      |                        |  |
|                                                           |                                                                                   |                     |                                                           | 84                      | City                                                                                                                |                  |                                                                           | FL  85   Zip         | p Code                 |  |
| 11. Pursuant                                              | to the provisions of Sections 607.0502                                            | and 607.150         | 08. Florida Statuti                                       | es, the abo             | ve-name                                                                                                             | ed corpora       | tion submits this statement for the                                       | purpose of changing  | its registered         |  |
| i office or re                                            | egistered agent, or both, in the State of m familiar with, and accept the obligat | if Florida. Su      | ch change was a                                           | authorized b            | by the ca                                                                                                           | orporation's     | s board of directors, I hereby acce                                       | pt the appointment a | as registered          |  |
|                                                           | m aminar with, and accept the congar                                              | ions or, acci       | 1011 007.03 <b>0</b> 3, FIC                               | niga Statut             | .5.                                                                                                                 |                  |                                                                           |                      |                        |  |
| SIGNATURE                                                 | Signature, typed or printed name of trigistered agent                             | and title it applic | able. (NO1)                                               | : Registered A          | gent signat                                                                                                         | ture required wi | hen reinstating)                                                          | DATE                 |                        |  |
| 12.                                                       | OFFICERS AND                                                                      | DIRECTORS           | 3                                                         | 13.                     |                                                                                                                     |                  | ADDITIONS/CHANGES TO OFFI                                                 | CERS AND DIRECTO     | DRS IN 12              |  |
| TITLE                                                     | PD                                                                                |                     | DELETE                                                    | 1.1 TITLE               |                                                                                                                     | _                |                                                                           | ☐ Change             | Addition               |  |
| NAME                                                      | GOLDMAN, RENEE K                                                                  |                     |                                                           | 1.2 NAME                |                                                                                                                     |                  |                                                                           |                      |                        |  |
| STREET ADDRESS                                            | 3500 GATEWAY DR, STE 201                                                          | i                   |                                                           | 1.3 STREE               | i addres                                                                                                            | ss               |                                                                           |                      |                        |  |
| CITY-ST-ZIP                                               | POMPANO BEACH FL 33069                                                            | )<br><del></del>    |                                                           | 1.4 CiTY                | ST-ZIP                                                                                                              |                  |                                                                           |                      |                        |  |
| TITLE                                                     | νo                                                                                |                     | DELETE                                                    | 2.1 TITLE               |                                                                                                                     |                  |                                                                           | Change               | Addition               |  |
| NAME                                                      | GOLDMAN, RICHARD M                                                                |                     |                                                           | 2.2 NAM8                |                                                                                                                     |                  |                                                                           |                      |                        |  |
| STREET ADDRESS                                            | 3500 GATEWAY DR, STE 201                                                          |                     |                                                           | 2.3 STREE               | T ADDRES                                                                                                            | ss               |                                                                           |                      |                        |  |
| CITY-ST-ZIP                                               | POMPANO BEACH FL 33069                                                            |                     |                                                           | 2. 4 CITY               | - S1 - ZIP                                                                                                          |                  |                                                                           |                      |                        |  |
| TITLE                                                     | -                                                                                 |                     |                                                           | 31 TITLE                |                                                                                                                     |                  |                                                                           | ☐ Change             | e                      |  |
| NAME                                                      | FINEBERG, LIBO B                                                                  | _                   |                                                           | 3.2 NAME                |                                                                                                                     |                  |                                                                           |                      |                        |  |
| STREET ADDRESS                                            | 3500 GATEWAY DR, STE 20:                                                          |                     |                                                           | 4                       | T ADDRES                                                                                                            | SS               |                                                                           |                      | į                      |  |
| CITY-ST-ZIP                                               | POMPANO BEACH FL 33069                                                            |                     | DELETE                                                    | 3.4. CITY               |                                                                                                                     |                  |                                                                           |                      | Palaision              |  |
| TITLE                                                     |                                                                                   |                     | ☐ btff.ff                                                 | 4.1 TITLE               |                                                                                                                     |                  | بلاء المستحو والمحد والمحدر والمنطوع والمنتان والمناور                    | Change               | Addition               |  |
| NAME                                                      |                                                                                   |                     |                                                           | 4. 2 NAM                |                                                                                                                     | .                | 80000251<br>-05/12/98010                                                  | រុមហ៊ុន              | j                      |  |
| STREET ADDRESS                                            | 1                                                                                 |                     |                                                           |                         | T ADDRES                                                                                                            | 55               |                                                                           | 11041                |                        |  |
| CITY-ST-ZIP<br>TITLE                                      |                                                                                   |                     | DELETE                                                    | 4.4 CITY-<br>5.1 TITLE  | SI-ZIP                                                                                                              |                  | ***150 <u>.00</u>                                                         | Change               | Addition               |  |
| NAME                                                      |                                                                                   |                     |                                                           | 5.2 NAME                |                                                                                                                     |                  |                                                                           | change               | 2 000000               |  |
|                                                           |                                                                                   |                     |                                                           |                         |                                                                                                                     | .                |                                                                           |                      | <b>ブス&gt;</b>          |  |
| STREET ADDRESS                                            |                                                                                   |                     |                                                           | 1                       | T ADDRES                                                                                                            | »                |                                                                           |                      | 5.111                  |  |
| CITY-ST-ZIP<br>TITLE                                      |                                                                                   |                     | DELETE                                                    | 5.4 CITY -<br>6.1 TITLE | 51-71F                                                                                                              |                  |                                                                           | Change               | Addition               |  |
| NAME                                                      |                                                                                   |                     | >                                                         | 6.2 NAME                |                                                                                                                     |                  |                                                                           | CT Avende            |                        |  |
| STREET ADDRESS                                            |                                                                                   |                     |                                                           |                         | T ADDRES                                                                                                            | :                |                                                                           |                      | ļ                      |  |
| CITY-ST-ZIP                                               |                                                                                   |                     |                                                           | 6.4 City-               |                                                                                                                     | ,,               |                                                                           |                      |                        |  |
| 01111011287                                               |                                                                                   |                     |                                                           | ■ 0.4 OH ? *            | OI TIL                                                                                                              | 1                |                                                                           |                      |                        |  |

14. I hereby certify that the information supplied with this filing cloes 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 supplied ental 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 trusted 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 over an attack ment with an address.