

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 503139

1. Corporation Name
AGI ENTERPRISE, INC.

Principal Place of Business
**17570 N. TAMiami TRAIL
P. O. BOX 1830
FT MYERS FL 33902**

Mailing Address
**17570 N. TAMiami TRAIL
P. O. BOX 1830
FT MYERS FL 33902**

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90003 043 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1976

4. FEI Number **59-1673320** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**VIRJI, ANIZ M.
3934 HIDDEN ACRES CIR
NO. FORT MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name **NAUSHAD VIRJI**
82 Street Address (P.O. Box Number is Not Acceptable)
3991 HIDDEN ACRES CIRCLE
83
84 City **N. FORT MYERS** **FL** 85 Zip Code **33903**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-9-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **VIRJI, ANIZ M.**
STREET ADDRESS **3934 HIDDEN ACRES**
CITY-ST-ZIP **NO. FORT MYERS FL**

TITLE **S** ☐ DELETE
NAME **VIRJI, NAZNEEN**
STREET ADDRESS **3934 HIDDEN ACRES**
CITY-ST-ZIP **N. FORT MYERS FL**

TITLE **VP** ☐ DELETE
NAME **VIRJI, NAUSHAD**
STREET ADDRESS **3934 HIDDEN ACRES CIRCLE**
CITY-ST-ZIP **N FT MYERS FL**

TITLE **VP** ☒ DELETE
NAME **VIRJI, AYAZ**
STREET ADDRESS **3934 HIDDEN ACRES CIRCLE**
CITY-ST-ZIP **N FT MYERS FL**

TITLE **T** ☒ DELETE
NAME **VIRJI, AZAD**
STREET ADDRESS **3934 HIDDEN ACRES CIRCLE**
CITY-ST-ZIP **N FT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3991 HIDDEN ACRES CIRCLE**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

8-9-99 941-731-1500

CR2E034 (5/99)