


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744524** (0)  
1. Corporation Name  
**AGPAC, INC.**



Principal Place of Business <b>1390 TIMBERLANE RD. TALLAHASSEE FL 32312</b>	Mailing Address <b>1390 TIMBERLANE RD. TALLAHASSEE FL 32312-1766</b>
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3. Date Incorporated or Qualified <b>10/11/1978</b>	3a. Date of Last Report <b>07/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2783160</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINGSWOOD, 6SPROTT 111  
1390 TIMBERLANE RD.  
TALLAHASSEE FL 32312**

81 Name <b>Harold R Marsolais</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1390 Timberlane Rd</b>
83 <b>Tallahassee FL 32312</b>
84 City <b>Tallahassee</b>
85 Zip Code <b>FL 32312</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Harold Marsolais **Harold R Marsolais, Treasurer** **2/18/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Madeline Patrick</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>AVIS, PAUL</b>		1.2 NAME <b>13899 Biscayne Blvd</b>	
STREET ADDRESS <b>1053 N ORLANDO AVENUE #3</b>		1.3 STREET ADDRESS <b>North Miami FL 33181-1600</b>	
CITY-ST-ZIP <b>MAITLAND FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>John Kaiser</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KINGSWOOD, SPROTT</b>		2.2 NAME <b>31 Ocean Reef Suite A 202</b>	
STREET ADDRESS <b>1390 TIMBERLANE ROAD</b>		2.3 STREET ADDRESS <b>Key Laro FL 33037</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Harold R Marsolais</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SCHEWEN, PAUL</b>		3.2 NAME <b>1390 Timberlane Road</b>	
STREET ADDRESS <b>305 N KINGS ROAD</b>		3.3 STREET ADDRESS <b>Tallahassee FL 32312</b>	
CITY-ST-ZIP <b>CALLAHAN FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Brian Marino</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>COBLENZ, LARRY</b>		4.2 NAME <b>18463 Pines Blvd</b>	
STREET ADDRESS <b>2222 CLEVELAND AVE.</b>		4.3 STREET ADDRESS <b>Pembroke Pines FL 33029</b>	
CITY-ST-ZIP <b>FT. MYERS FL 33901</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Schwend, Paul</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIS, LARRY</b>		5.2 NAME <b>305 N King Road</b>	
STREET ADDRESS <b>18401 NW 27TH AVENUE</b>		5.3 STREET ADDRESS <b>Callahan FL</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		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	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Harold R Marsolais **2/18/97** **004/892-8245**

CR2E037 (9/96)