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FILED
Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744524** (0)

1. Corporation Name

AGPAC, INC.



Principal Place of Business 1390 TIMBERLANE RD. TALLAHASSEE FL 32312	Mailing Address 1390 TIMBERLANE RD. TALLAHASSEE FL 32312
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3. Date Incorporated or Qualified 10/11/1978	
4. FEI Number 59-2783160	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MARSOLAIS, HAROLD R 1390 TIMBERLANE RD. TALLAHASSEE FL 32312
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	PATRICK, MADELAINE
STREET ADDRESS	13899 BISCAYNE BLVD.
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KAISER, JOHN
STREET ADDRESS	31 OCEAN REEF, STE. A 202
CITY-ST-ZIP	KEY LARGO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHWEN, PAUL
STREET ADDRESS	305 N KINGS ROAD
CITY-ST-ZIP	CALLAHAN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARINO, BRIAN
STREET ADDRESS	18463 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHWEND, PAUL
STREET ADDRESS	305 N. KING RD.
CITY-ST-ZIP	CALLAHAN FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MARSOLAIS, HAROLD R
STREET ADDRESS	1390 TIMBERLANE RD.
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Willis, Larry
1.3 STREET ADDRESS	18401 NW 27 Ave
1.4 CITY-ST-ZIP	Miami FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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. Marsola* **4-1-98** **592-8145**

CR2E037 (10/97)