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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STAT

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835930

(9)

AGF INVESTMENT CORP.

Principal Place of Business

P.O. BOX 59 EVANSVILLE IN 47701-0059 Mailing Address

P.O. BOX 59

EVANSVILLE IN 47701-0059

FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2.4. Malling Address 3.6 - 1.8 Number 3.6 Number					03/12/1976	
Suite. Apt #, etc Site. Apt #,	Principal Place of Business 2a. Mailing Address					
City & State 27	21	26			35-1349557 Not Applicable	
City & State City	Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Contificate of Status Decired \$8.75 Additional	
23 25	22 27				5. Certificate of Status Desired Fee Required	
Zip Country Zip Country	City & State City & State				6. Election Campaigh Financing \$5.00 May Be	
24 SS SOUTH PINE ISLAND ROAD PLANTATION FYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purces of changing its registered ficie or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purces of changing its registered ficie or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purces of changing its registered ficie 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, are familiar with, and accept the collisions of, Section 607.6502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purces of changing its registered ficie 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, are familiar with, and accept the collisions of, Section 607.6505, Florida Statutes, the above-named corporation submits this statement for the purces of changing its registered agent, are familiar with, and accept the collisions of Section 607.6505, Florida Statutes, the above-named corporation submits this statement for the purces of changing its registered agent, are familiar with, and accept the origination and accept the appointment as registered agent. 11. Pursuant to the provisions of Section 607.6505, Florida Statutes, the above-named corporation submits this statement for the purce and accept the appointment as registered agent. 12. Table 1. Time					Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statisment for the purpose of changing is registered agent. I am lamiliar with, and accept the obligations of, Section 607.6505. Portida Statutes. 85 SIMATURE Signature, loped or printed review of registered sequence agent. I am lamiliar with, and accept the obligations of, Section 607.6505. Portida Statutes. 81 Name 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. STATE ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. DELETE 1.1 TITLE SWANSVILLE IN 1.1 STREET ADDRESS 1.2 SINEET ADDRESS 1.2 SINEET ADDRESS 1.3 SINEET ADDRESS 1.4 CITY-ST-2P 1.5 CITY-ST-2P 1.5 CITY-ST-2P 1.5 CITY-ST-2P 1.	—		\vdash	ıntry		
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Signature, types or primited name of registrated apert and table if applicables. (NOTE, Registered Application) (NOTE, Regis	agent, I am familiar with, and accept the obligat	ions of, Section 607.0505, Fl	lorida Stat	tutes.		
TITLE S OFFICERS AND DIRECTORS 1.2 TITLE S MCMANIGAL, DAVID M	SIGNATURE					
TITLE	N. H.	**		a Agent signature		
NAME STREET ADDRESS CTY-ST-ZIP Change Addition				Yi F		
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CITY-ST-ZIP	COL NINI OFFICIALD OF					
TITLE	EVANOVII I E INI				i i	
NAME STREET ADDRESS CITY - ST - ZIP Change Addition	- DTA	DELETE			Change Addition	
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DELETE S.1 TITLE Change Addition	ENAMIONAL LET IN				·	
NAME HANLEY, PHILIP M	0111-01-211	☐ DELETE		•	Change Addition	
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CITY-ST-ZIP # 6.4 CITY-ST-ZIP	CITY - ST- ZIP		•		<u> </u>	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this approximation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this approximation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this approximation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this approximation is provided with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this approximation is provided with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this approximation is provided with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information is provided with the information indicated on this approximation is provided with the information indicated on the section of the information indicated with the information indicated	14. I hereby certify that the information supplied with	this filling does not qualify for	or the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

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: Register REPONALD G. ALTHOF 1/21/98 8/24/685609