


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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 850553 (9)

1. Corporation Name
AGRO-K CORPORATION

Principal Place of Business 8030 MAIN ST NE MINNEAPOLIS MN 55432-1844 US	Mailing Address 8030 MAIN ST NE MINNEAPOLIS MN 55432-1844 US
---	---



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1981

4. FEI Number 41-1276936	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

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
--	--------------------------------

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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
---	--

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 *Conie L. Lohman*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	RAJAMANNAN, A.H.J.,(DR.)	<input type="checkbox"/> DELETE
NAME		2120 ARGONNE DR.N.E.	
STREET ADDRESS		MINNEAPOLIS MN	
CITY-ST-ZIP			

TITLE	D	SHAHER, LAVERNE	<input type="checkbox"/> DELETE
NAME		P.O. BOX 218,H#3 N/A	
STREET ADDRESS		CLEGHORN IA	
CITY-ST-ZIP			

TITLE	S	RAJAMANNAN, C.	<input type="checkbox"/> DELETE
NAME		2120 ARGONNE DR.N.E.	
STREET ADDRESS		MINNEAPOLIS MN	
CITY-ST-ZIP			

TITLE	D	LUNDQUIST, P.	<input type="checkbox"/> DELETE
NAME		3451 STRATFORD RD., N.E.	
STREET ADDRESS		ATLANTA GA	
CITY-ST-ZIP			

TITLE	D	SHAHER, LARRY	<input type="checkbox"/> DELETE
NAME		9909-36TH PLACE NORTH	
STREET ADDRESS		MINNEAPOLIS MN	
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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

SIGNATURE: *Conie L. Lohman*

1/5/98

CR2E034 (10/97)