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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400001990 (0)

AGORA SOUTH, INC.

Principal Place of Business Mailing Address													
Principal Place 14 W MONT VI BALTIMORE MI US	ERNON PL	SS	14 W N	Mailing Address  14 W MONT VERNON PL BALTIMORE MD 21201 US							, s n e 10 (1	7 2011   1001	
									<ol> <li>Date Incorporated or Qualified 04/18/1994</li> </ol>	3a. Date o		Report	
2. Principal P	lace of Busi	ness	2a. Mailing Address					4. FEI Number		A	pplied For		
21			26						52-1878080			ot Applicable	
Suite, Apt	#, etc.		1	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$		Additional	
City & State			27 City	City & State								equired	
23	C		— ·	28					Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip Country			Zip						8. This corporation has liability for				
24		25	29	29 30				Ì		Yes No			
	9. Name	and Address of Curre	nt Registere	d Agent				l	10. Name and Address of New R	egistered Age	nt		
ROM	AANO, PAL	JL .				81	Name	:					
	E. PALME			82 Street Add				ss (P.O. Box Number is Not Accepta	ible)				
SUITE 531-A						Li							
BOC	a raton	FL 33432				83							
						84	City			FL 8	<b>15</b> Zip	Code	
agent. I a SIGNATURE	m familiar w	ith, and accept the oblig	gations of, Sec	ction 607.0505, f	Florida Stal	tutes	i. 		n's board of directors. I hereby acce when reinstaing)	DATE	ment as		
12.		OFFICERS AN	ND DIRECTOR	RS	13.				ADDITIONS/CHANGES TO OFF	CERS AND DI	RECTO	RS IN 12	
TITLE	PĈ			DELETE	1.1 11	TLE					Change	Addition	
NAME		, WILLIAM			1.2 N	AME							
STREET ADDRESS		DISON AVENUE			1.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	BALTIMO	HE MU		DELETE		TY-S	1 - 21P				0	TT 1446	
TITLE	SD	r, elizabeth					2.1 TOTE 2.2 NAME			ĻJ	Change	[_] Addition	
NAME Street address		DISON AVENUE					ADDRESS						
. CITY-ST-ZIP	BALTIMO				1		ADD4133 ST-ZIP	}					
TITLE	TD	ing ind		DELETE	3.1 Ti		51 - <u>Z</u> 11	TD		X	Change	Addition	
NAME /	,	ON, JAMES			3.2 N	AME		Davi	dson Tames				
STREET ADDRESS		INT PAUL STREET			3.3 S	IREET	ADDRESS	209	dson, James S. LEE STREET				
CITY-ST-ZIR	BALTIMO	PRE MD			3.4. 0	ITY - S	H-7IP	Alex	candria, VA 22314	l		*	
TITLE			-	DELETE	41 TI	1LE			, , , , , , , , , , , , , , , , , , ,		Change	Addition	
NAME					4 2 N	MME							
STREET ADORESS					4.3 S	TREFT	ADDRESS						
CITY-ST-ZIP					4.4 C		T-ZIP					<b></b>	
TITLE				DELFTE	5.1 11						Change	Addition	
NAME					5.2 N								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	54 C	17 - S'	1 - ZIP	<del>                                     </del>			Change	Addition	
NAME				L. DUITE	62 N			1			Junigo	ET Vonnati	
MAME					02 N	HIVIE							

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 missignature 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.

1/1/2/2

**FILED** 

May 07 1997 8:00am

Secretary of State