

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004143 (3)

1. Corporation Name
AGROIRON, INC.

Principal Place of Business
316 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830

Mailing Address
316 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1994	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3250181	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRITT, DANIEL L 316 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL

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

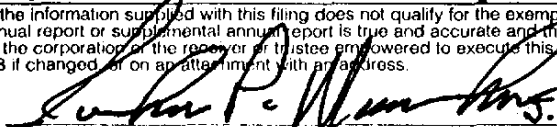
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HJERSTED, LAWRENCE	1.2 NAME	HJERSTED, LAWRENCE
STREET ADDRESS	4215 CREEKWOOD LANE	1.3 STREET ADDRESS	625 PENINSULAR DRIVE
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRIEBER, BOB	2.2 NAME	
STREET ADDRESS	271 WOLFER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63028	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HJERSTED, NORMAN	3.2 NAME	HJERSTED, NORMAN
STREET ADDRESS	706 MASSACHUSETTS	3.3 STREET ADDRESS	3211 CLINTON PARKWAY #1
CITY-ST-ZIP	LAWRENCE KS 66044	3.4 CITY-ST-ZIP	LAWRENCE, KS 66044
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDSTETTER, HUGO	4.2 NAME	
STREET ADDRESS	1800 N. CLARK	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60614	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, DANIEL	5.2 NAME	BRITT, DANIEL
STREET ADDRESS	5510 MYRTICE LANE	5.3 STREET ADDRESS	406 ANDERSON DRIVE
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKER, JOHN	6.2 NAME	
STREET ADDRESS	543 PENINSULA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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:  J.P. MARKER 3-4-98 941-533-5990

CR2E034 (10/97)