

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90098 045 ***150.00

0414446

DOCUMENT # F95000004637

1. Corporation Name
AGRIGUMS INCORPORATED

Principal Place of Business

2629 MCCORMICK DR
CLEARWATER FL 33759
US

Mailing Address

2629 MCCORMICK DR
CLEARWATER FL 33759
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1995

4. FEI Number
59-3330290

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 3111 N. University Dr
Suite, Apt. #, etc.

22 Suite 623

23 Coral Springs, FL

24 33065 25 USA

2a. Mailing Address

26 3111 N. University Dr
Suite, Apt. #, etc.

27 Suite 623

28 Coral Springs, FL

29 33065 30 USA

9. Name and Address of Current Registered Agent

DONALDSON, THOMAS A
2629 MCCORMICK DR
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name
Matthew B. Rutter
82 Street Address (P.O. Box Number is Not Acceptable)
3111 N. University Dr.
83 Suite 623
84 City
Coral Springs FL 85 Zip Code
33065

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

Matthew B. Rutter

MATTHEW B. RUTTER

1-8-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HADDAD, MICHEL G
STREET ADDRESS 2629 MCCORMICK DR
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☒ DELETE
NAME HADDAD, ANTOINE G
STREET ADDRESS 2629 MCCORMICK DR
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☒ DELETE
NAME HADDAD, GABRIEL G
STREET ADDRESS 2629 MCCORMICK DR
CITY-ST-ZIP CLEARWATER FL 33759

TITLE DPT ☒ DELETE
NAME DONALDSON, THOMAS A
STREET ADDRESS 2629 MCCORMICK DR
CITY-ST-ZIP CLEARWATER FL 33759

TITLE S ☐ DELETE
NAME SMITH, JEROME B
STREET ADDRESS 6345 BALBOA BLVD #330
CITY-ST-ZIP ENCINO CA 33759

TITLE S ☒ DELETE
NAME TSUCHIBE, SATOMI
STREET ADDRESS 2629 MCCORMICK DR
CITY-ST-ZIP CLEARWATER FL 33759

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Michel G. Haddad
1.3 STREET ADDRESS 45A Porchester Road
1.4 CITY-ST-ZIP London, W2 5DP England

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME George Haddad
2.3 STREET ADDRESS 45A Porchester Road
2.4 CITY-ST-ZIP London, W2 5DP England

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Vice Pres, Treas, Dir. ☐ Change ☒ Addition
4.2 NAME Matthew B., Rutter
4.3 STREET ADDRESS 3111 N. Univeristy Dr., Ste 623
4.4 CITY-ST-ZIP Coral Springs, FL 33065

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

Matthew B. Rutter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW B. RUTTER 1-8-99

Date

954-345-1717

Daytime Phone #

CR2E034 (1/98)