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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000842 (2)**

1. Corporation Name
AGRO POWER DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
10 ALVIN COURT EAST BRUNSWICK NJ 08816	10 ALVIN COURT EAST BRUNSWICK NJ 08816-2001

3. Date Incorporated or Qualified: **02/20/1996**
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **22-3078703** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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: (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	CPD ☐ DELETE	1.1 TITLE	CVD ☑ Change ☐ Addition
NAME	DEGIGLIO, MICHAEL	1.2 NAME	VANZEYST, ALBERT
STREET ADDRESS	34 BLUE HILLS DRIVE	1.3 STREET ADDRESS	2799 MARSH WREN CIRCLE
CITY-ST-ZIP	HOMDEL NJ 07733	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	CVD ☐ DELETE	2.1 TITLE	V ☐ Change ☑ Addition
NAME	VAN ZEYST, ALBERT	2.2 NAME	LAURENCE J HOWARD
STREET ADDRESS	800 ROSWELL COVE	2.3 STREET ADDRESS	20 CARTER ROAD
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MONTANTI, THOMAS	3.2 NAME	
STREET ADDRESS	27 HIDDEN PINE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLTS NECK NJ 07722	3.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COBB, J. KEVIN	4.2 NAME	
STREET ADDRESS	15350 BEXLEY PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28227	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I declare to 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: [signature] Michael DeGiglio 3-17-97 908-254-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003393