SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Princ



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F98000005779

AGRO POWER DEVELOPMENT, INC.

FILED

Sep 02, 1999 8:00 am

Secretary of State

09-02-1999 90004 012 ***550.00

ipal Place of Business	Mailing Address
LVIN CT	10 ALVIN CT
r Brunswick nj 08816	EAST BRUNSWICK NJ 08816

10 A EAS" DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1998 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 22-3604685 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes the current year 24 Yes 🛄 No 25 29 30 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE **PCEO** 1.1 TITLE PCEOD Change Addition DELETE DEGIGLIO, MICHAEL NAME 1.2 NAME 34 BLUES HILLS DR 1.3 STREET ADDRESS STREET ADDRESS **HOLMDEL NJ 07733** 1.4 CITY-ST-ZIP CITY-ST-ZIP ITLE DELETE 2.1 TITLE ___ Change Addition DEGIGLIO, MICHAEL VAME 2.2 NAME 34 BLUES HILLS DR STREET ADDRESS 2.3 STREET ADDRESS HOLMDEL NJ_07733 2.4 CITY-ST-ZIP. CITY-ST-ZIF PC00 PEROD TLE 3.1 TITLE Change DELETE Addition VANZEYST, ALBERT AME 3.2 NAME 10 ALVIN COURT 800 ROSWELL COVE 3.3 STREET ADDRESS TREET ADDRESS LAKE MARY FL 32746 ENSTBLUNSWICK NO 08816 CITY-ST-ZIF 3.4 CITY-ST-ZIP Change TILE X DELETE 4.1 TITLE Addition VANZEYST, ALBERT 4.2 NAME JAME 800 ROSWELL COVE TREET ADDRESS 4.3 STREET ADDRESS LAKE MARY FL 32746 4.4 CITY-ST-ZIP ITY-ST-Z/P ۷D ITLE DELETE 5.1 TITLE Change Addition MONTANTI, THOMAS AME 5.2 NAME 27 HIDDEN PINE DR 5.3 STREET ADDRESS COLTS NECK NJ 07722 ITY-ST-ZIP 5.4 CITY-ST-ZIP ITLE **VCFO** DELETE 6.1 TITLE Change 🔀 Addition HOLLANDER KENNETHS Suchniak, david M AME 6.2 NAME 10 ALVIN COURT 1145 HAMBILTONIAN WAY TREET ADDRESS 6.3 STREET ADDRESS EAST BLUNSWICK NU CSOIL **YORK PA 17404** 6.4 CITY-ST-ZIP

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 110.07(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 of 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, and that my name address.

3IGNATURE:

CR2E034 (5/99)