

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **G46108** (8)
1. Corporation Name
AGINCOURT PLACE, INC.



Principal Place of Business 2710 2ND STREET INDIAN ROCKS BEACH FL 34635	Mailing Address 61 LAKEVIEW DR AGINCOURT, ONTARIO M1S 2E7 PORT PERRY ON L9L1H CA
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1983	
21	Suite, Apt. #, etc.	25	61 LAKEVIEW DR.	4. FEI Number 59-2300498	
22	City & State	27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	PORT PERRY ONT.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	L9L 1H1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		30	CANADA.		

9. Name and Address of Current Registered Agent DELOACH, DENNIS R JR. 8640 SEMINOL BLVD P O BOX 3390 SEMINOLE FL 34642				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]* DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISELEY, JOHN	1.2 NAME	
STREET ADDRESS	85 SONMORE CRESCENT	1.3 STREET ADDRESS	
CITY - ST - ZIP	AGINCOURT, ONTARIO	1.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGDEN, BETTY	2.2 NAME	
STREET ADDRESS	29 DONALDA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	AGINCOURT, ONTARIO M1S 1N6	2.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, RENNIE	3.2 NAME	
STREET ADDRESS	61 LAKEVIEW DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT PERRY ON	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENNIE, BETTY	4.2 NAME	S/T RENNIE BETTY
STREET ADDRESS	61 LAKEVIEW DR	4.3 STREET ADDRESS	61 LAKEVIEW DR
CITY - ST - ZIP	PORT PERRY ON	4.4 CITY - ST - ZIP	PORT PERRY ON.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Signature]* **NOTARIAL REQUIRED**

Jan 21/97 905-985-4949

CR2E034 (10/97)