

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G55643 (2)

1. Corporation Name
A & G BLATON OF FLORIDA, INC.

Principal Place of Business 109 SEMINOLE DRIVE SUITE 101 ARCHDALE NC 27263 US	Mailing Address 109 SEMINOLE DRIVE SUITE 101 ARCHDALE NC 27263-3254 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 08/01/1983	3a. Date of Last Report 03/28/1996
4. FEI Number 59-2309365	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HANSON, THOMAS A
222 LAKEVIEW AVE., #1400
~~201 S. BISCAYNE BLVD~~
WEST PALM BEACH FL 33401

10. Name and Address of ~~Current~~ Registered Agent

81 Name	HANSON, THOMAS A
82 Street Address (P.O. Box Number is Not Acceptable)	222 LAKEVIEW AVE, # 1400
83	
84 City	WEST PALM BEACH FL
85 Zip Code	33401

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLATON, ARMAND	
STREET ADDRESS	12900 S.W. 248TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLATON, GERALD	
STREET ADDRESS	12900 S.W. 248TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	VERBELEN, WILLY	
STREET ADDRESS	5210 NANTUCKET ROAD	
CITY-ST-ZIP	GRENSBORO NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLATON, ARMAND	
1.3 STREET ADDRESS	109 Seminole Drive	
1.4 CITY-ST-ZIP	Archdale, NC 27263	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BLATON, IANINE	
2.3 STREET ADDRESS	109 Seminole Drive	
2.4 CITY-ST-ZIP	Archdale, NC 27263	
3.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VERBELEN, WILLY	
3.3 STREET ADDRESS	5210 Nantucket Road	
3.4 CITY-ST-ZIP	Greensboro, NC 27455	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VERBELEN, MIREILLE	
4.3 STREET ADDRESS	5210 Nantucket Road	
4.4 CITY-ST-ZIP	Greensboro, NC 27455	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: _____ **2/12/97 80-280-2769**

CR2E034 (9/96)