

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 <b>109 SEMINOLE DRIVE ARCHDALE NC 27263 US</b>	Mailing Address <b>109 SEMINOLE DRIVE SUITE 101 ARCHDALE NC 27263 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/01/1983</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2309365</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HANSON, THOMAS A 222 LAKEVIEW AVE., #1400 201 S. BISCAYNE BLVD WEST PALM BEACH FL 33401</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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

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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLATON ARMAND</b>	1.2 NAME	
STREET ADDRESS	<b>109 SEMINOLE DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARCHDALE NC</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLATON JANINE</b>	2.2 NAME	
STREET ADDRESS	<b>109 SEMINOLE DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARCHDALE NC</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PTD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERBELEN, WILLY</b>	3.2 NAME	<b>DTS</b>
STREET ADDRESS	<b>5210 NANTUCKET ROAD</b>	3.3 STREET ADDRESS	<b>Verbelen, Willy</b>
CITY - ST - ZIP	<b>GREENSBORO NC</b>	3.4 CITY - ST - ZIP	<b>5210 Nantucket Road</b>
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERBELEN MIREILLE</b>	4.2 NAME	
STREET ADDRESS	<b>5210 NANTUCKET RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GREENSBORO NC</b>	4.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Blaton, Armand, Jr.</b>	5.2 NAME	
STREET ADDRESS	<b>109 Seminole Dr.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Archdale, NC</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bihet, Alain</b>	6.2 NAME	
STREET ADDRESS	<b>109 Seminole Dr.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Archdale, NC</b>	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 attached new address.

SIGNATURE:



WILLY VERBELEN

4/06/98

336-431-5852

CR2E034 (10/97)