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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90022 031 ***150.00

DOCUMENT #	C70014
DOCOMENT #	G/8914

Corporation Name

AGAPE I	PROPERTIES, INC.			DEDADTMENT OF STATE	
			1 please		
Principal Place	e of Business	Mailing Address	Lowver		2,011 91611 01211 01211 21211 1221
3600 NW 371H		4315 STAR RANCH RD	corre		•
MIAMI FL 33142				DO NOT WRITE IN THE	S SPACE
US		US	J300	3. Date Incorporated or Qualifed	
				01/16/1984	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2383242	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		U. Certificate of Otalias Position	Fee Required
City & Stat	ē	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25		30	Personal Property Tax. 10. Name and Address of New Registered	Yes ANO
 	9. Name and Address of Curre	ent Registered Agent	81 Name	iv. Name and Address of New Registered	- Chaur
CAR	ACOSTAS, MAVIS		[]		<u> </u>
	NW 37TH COURT		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	MI FL 33142		83		
			33		
			84 City	Fi	85 Zip Code
44 5	4- N	502 and 507 1509 Florida Statuto	the phays semed cores	pration submits this statement for the purpose of	
í office or n	edistered agent for both, in the Stat	e of Florida. Such change was au	inorized by the corporation	n's board of directors. I hereby accept the appoint	pintment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	APTE	Registered Agent signature required	when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARACOSTAS, EVAN		1.2 NAME		
STREET ADDRESS	4315 STAR RANCH RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COLORADO SPRINGS CO 80	906	1.4 CITY-ST-ZIP		
TITLE	RA	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARACOSTAS, MAVIS		2.2 NAME		
STREET ADDRESS	3600 NW 37TH CTR #9		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP		
ππLE	DM	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARACOSTAS, EDWARD		3.2 NAME		
STREET ADDRESS	4315 STAR RANCH RD		3.3 STREET ADDRESS		ı
CITY-ST-ZIP	COLORADO SPRINGS CO		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			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		I
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 truelee 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, with all other like empowered.

SIGNATURE:

Jan 4199 7195766576