

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

FILED
May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34908 (4)

1. Corporation Name
AGREX PROPERTIES, INC.

Principal Place of Business
% ROBERT W. CLARK, ESQ.
111 E. MADISON - SUITE 2300
TAMPA FL 33602

Mailing Address
% ROBERT W. CLARK, ESQ.
111 E. MADISON - SUITE 2300
TAMPA FL 33602-4708



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1984		3a. Date of Last Report 08/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2589835		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLARK, ROBERT W., ESQ. 111 E. MADISON - SUITE 2300 TAMPA FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, DAVID MICHAEL			12 NAME			
STREET ADDRESS	40 MARKET STREET			13 STREET ADDRESS			
CITY-ST-ZIP	ENGLAND			14 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, JOHN ROGER			22 NAME			
STREET ADDRESS	40 MARKET STREET			23 STREET ADDRESS	800002199138		
CITY-ST-ZIP	ENGLAND			24 CITY-ST-ZIP	-06/03/97--01015--014		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	***50.00		
NAME				32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				33 STREET ADDRESS	300002199133		
CITY-ST-ZIP				34 CITY-ST-ZIP	-06/03/97--01015--013		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	***50.00		
NAME				42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				43 STREET ADDRESS	900002199129		
CITY-ST-ZIP				44 CITY-ST-ZIP	-06/03/97--01015--012		
TITLE		<input type="checkbox"/> DELETE		51 TITLE	***50.00		
NAME				52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				53 STREET ADDRESS	200002199122		
CITY-ST-ZIP				54 CITY-ST-ZIP	-06/03/97--01015--011		
TITLE		<input type="checkbox"/> DELETE		61 TITLE	***50.00		
NAME				62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

CR2E034 (9/96)