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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J44785

(0)

FILED Apr 17 1998 8:00am Secretary of State

A.G.S.	AND PARTNERS, INC.	` '			 	
Principal Place of Business Mailing Address MalFRED G. STURM 10763 S.E. BURGEE COURT HOBE SOUND FL 33455 Mailing Address Mailing Address MalFRED G. STURM 10763 S.E. BURGEE COURT HOBE SOUND FL 33455 HOBE SOUND FL 33455					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
9 Principal D	2. Principal Place of Business 2e, Mailing Address				12/02/1986 4. FEI Number Applied Fo	
21 Principal P						
Suite, Apt. #, etc Suite, Apt. #, etc.					SR 75 Additions	-
22 27					5. Certificate of Status Desired Fee Required	`
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip C				B. This corporation owes or has paid the current year Intangible	
24	25 29 30			. <u>.</u>	Personal Property Tax due June 30. Yes No	
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
ST	URM, ALFRED G.		81	Name		
107	763 S.E. BURGEE CT		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	\neg
но	BE SOUND FL 33455		-			
			83			l
			84	City	85 Zip Code	一
dd Duana	to the previous of Cartispe COTOR	00 and 607 1509 Florida State dos	the char		FL 3 24 Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	e of Florida. Such change was aut	, the abov horized by	e-named or y the corpo	orporation submits this statement for the purpose of changing its registe tration's board of directors. I hereby accept the appointment as registered	io
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Florid	da Statute	S.		
SIGNATURE	Signature, typed or printed name of registered a	ment and like if equipments (AICYE	Registered Am	ent consture re	equired when reinslating) DATE	_
12.		ND DIRECTORS	13.	ont agration to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	DELETE	1.1 TITLE		☐ Change ☐ Add	tion
NAME	STURM, ALFRED G.	D G. 1.2 N		İ		
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL			ST-ZIP		
TITLE	DS	☐ DELÉTE	2.1 TITLE		Change Add	tion
NAME	STURM, LORRAINE	-	2.5 NAME			ļ
STREET ADDRESS	10763 S.E. BURGEE COURT			ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Add	tion
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	Change Add	tine
NAME			4.1 HILE 4.2 NAME		Charle C Add	1.011
STREET ADDRESS CITY-ST-ZIP			4.4 CITY - S	ADDRESS		
TETLE		DELETE	5.1 TITLE		Change Add	tion
NAME		_	5.2 NAME		_ · ·	
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		6.	5.4 City- 9			
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Add	ition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-S1-ZIP	640		6.4 CITY - 5			
	certify that the information supplied	with this fill g does not qualify for			in Section 119.07(3)(i), Florida Statutes. I further certify that the informat	ion

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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 his true true type appears in Block 13 if changed with an all all the problems. The process in the problems of the problems.

SIGNATURE: