PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # KOEGOZ



## FLORIDA DEPARTMENT OF STATE

## Katherine Hárris

Secretary of State DIVISION OF CORPORATIONS

## Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90090 033 \*\*\*150.00

1. Corporation	AGIC ENTERPRISES, INC.					
Principal Place	of Business	Mailing Address		I (MAINILL was then best durks since land alter at	Bit Bibit Bibit Statt dien (s.b.	
7120 LAKE ELLENOR P. O. BOX 55 ORLANDO FL 32809 ORLANDO FL 32802 US			DO NOT WRITE IN THIS	SPACE		
00				3. Date Incorporated or Qualifed		
				05/04/1989	1	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2947330	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	0	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 into	angible	
24	[25]	29 3	10	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
		1011-	81 Name	il stial T		
MAGID, SUSAN STRATES magid, Shirl T.			82 Street Adde	ess (P.O, Box Number is Not Acceptable)		
7120 LAKE ELLENOR DR.			່ ກ່ານລັດ			
ORLANDO FL FL 32809			83			
t					Tax   Zin Code	
			84 C#X	ando FL	32809	
dd Dureycest	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the above-named come	cration submits this statement for the purpose of	changing its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was auf	horized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as registered	
agent. I a		tions of, Section 607.0505, Flori	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agen	1/11	Registered Agent signature require	d when minutating) DATE	] =	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12  Change Addition	
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition ☐	
NAME	MAGID, SHIRL T.		12 NAME		4	
i ' '	7120 LAKE ELLENOR DR.		1.3 STREET ADDRESS		\ <u>8</u>	
STREET ADDRESS					2	
CITY-ST-ZIP	ORLANDO FL	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐	
TITLE	VPS	Dett.	1 i			
NAME	MAGID, SUSAN STRATES		22 NAME		ſ	
STREET ADDRESS	7120 LAKE ELLENOR DR		2.3 STREET ADDRESS		·	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	3.1 TITLE	-	Totalla Dyogram	
NAME			32 NAVE			
STREET ADDRESS			3.3 STREET ADDRESS	And the same of the same of		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4, 2 NAME		1	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•		
TITLE		☐ DELETE	5.1 TITLE	<del>-</del> :	☐ Change ☐ Addition	
NAME			52 NAME			
CAMPELL *0000C60			5.3 STREET ADDRESS	•		

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 attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Magio TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

□ D€LETE

Change

Addition