FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L32486** **(7)**

1. Corporation Name
AGB CAPITAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
8030 PETRS ROAD SUITE D-104 PLANTATION FL 33324	8030 PETRS ROAD SUITE D-104 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1989
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21 8211 W. Broward Blvd
Suite, Apt. #, etc.
22 PH-2
City & State
23 Plantation, FL
24 Zip 33324 25 Country USA

2a. Mailing Address
26 8211 W. Broward BND.
Suite, Apt. #, etc.
27 PH-2
City & State
28 Plantation, FL
29 Zip 33324 30 Country USA

4. FEI Number: 58-1870502 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~HARKALA, TRACY~~ ADAMS, Tracy H.
8030 PETER RD.
SUITE D-104
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Tracy H. Adams
82 Street Address (P.O. Box Number is Not Acceptable): 8211 W. Broward Blvd., PH-2
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Section 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, within 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] Tracy H. Adams, Pres. 4-14-95
(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	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	~~HARKALA, TRACY~~ ADAMS, Tracy H	12 NAME	Tracy H. Adams	
STREET ADDRESS	8030 PETERS RD.	13 STREET ADDRESS	8211 W. Broward Blvd, PH-2	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	STV	21 TITLE	STV	☐ Change ☐ Addition
NAME	ADAMS, RICHARD	22 NAME	Richard Adams	
STREET ADDRESS	8030 PETERS RD.	23 STREET ADDRESS	8211 W. Broward Blvd., PH-2	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	Plantation, FL 33324	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: [signature] 4-14-95 305 4750401
SIGNATURE OF OFFICER OR DIRECTOR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Tracy H. Adams, Pres.
Date Daytime Phone #

083007 CP