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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # M29997

AMERICAN GLOBAL SERVICES, INC.

(7)

FILED Jan 15 1998 8:00am Secretary of State

| 1 41121110  | , at deal, it delivided, in             |                                      |                     |         |                       |  |                       |                           |
|---|---|--------------------------------------|---------------------|---------|-----------------------|--|-----------------------|---------------------------|
| Principal Place   | of Business                             | Mailing Address                      | iling Address       |         |                       | - 1 104/44/1 ((8 (18/4 /8/10 /8)))                     | #1811 BIA41 BIB41     | 1 81831 1051              |
| 1500 NW 62N   | D STREET                                | 1500 NW 62ND STREET                  |                     |         |                       |  |                       |                           |
| SUITE 102   |   | SUITE 102                            | • • • • • • • •     |         |                       | DO NOT WRITE IN THIS S                                 | 00405                 |                           |
| FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309   |   |                                      | 09                  |         |                       |  | SPACE                 |                           |
| US  |   | U\$                                  | 03                  |         |                       | 3. Date Incorporated or Qualified 04/04/1986           |                       | 1                         |
| 5 Similar (S)   |   | Do Mailine Address                   |                     |         |                       | 4. FEI Number  |                       | ntied For                 |
| · ·   | ace of Business                         | 2a. Mailing Address                  |                     |         |                       | 59-2662686   |                       | plied For<br>t Applicable |
| Suite, Apt.   | # oto                                   | Suite, Apt. #, etc.                  |                     |         |                       |  | \$8.75                |                           |
|   | r, etc.                                 | 27                                   |                     |         |                       | 5. Certificate of Status Desired                       | Fee Re                |                           |
| City & State  |   | City & State                         |                     |         |                       | 6. Election Campaign Financing                         | \$5.00                | May Ro                    |
| 23  |   | 28                                   |                     |         |                       | Trust Fund Contribution                                | Added t               |                           |
| Zip   | Country                                 | Zip Country                          |                     |         |                       | 8. This corporation owes or has paid the cur           | rent year Inti        | angible                   |
| 24  | 25 29 30                                |                                      |                     |         |                       |  |                       | ] No                      |
|   | 9. Name and Address of Curren           | t Registered Agent                   |                     |         |                       | <ol><li>Name and Address of New Registered .</li></ol> | Agent                 |                           |
| CR  | OCQUET, MARC                            |                                      |                     | 81      | Name                  |  |                       | -                         |
| 313   | 6 N.W. 69TH COURT                       |                                      |                     | 82      | Street Addre          | ss (P.O. Box Number is Not Acceptable)                 |                       | <del></del>               |
| FT.   | LAUDERDALE FL 33309                     |                                      |                     |         | 011000710010          | 00 (1:0: Box 110: 10: 10: 10: 10: 10: 10: 10: 10: 10   |                       |                           |
|   |   |                                      |                     | 83      |                       |  |                       |                           |
|   |   |                                      |                     | 84      | City                  |  | 85 Zip (              | Code                      |
|   |   |                                      |                     | 04      | City                  | FL   | .   <b>65</b>   Zip ( | Jode                      |
| 11. Pursuant t  | o the provisions of Sections 607,0503   | 2 and 607.1508, Florida Statute      | s, the a            | bove    | -named corpo          | oration submits this statement for the purpose of      | changing it           | s registered              |
| 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. |   |                                      |                     |         |                       |  |                       |                           |
| MARC T. CROCONFT DI/DE/98   |   |                                      |                     |         |                       |  |                       | į                         |
| SIGNATURE Signature of registered agent and talle if applicable (NOTE, Register   |   |                                      |                     |         | nt signature required |  | 7                     |                           |
| 121   | OFFICERS AND                            |                                      | 13.                 |         |                       | ADDITIONS/CHANGES TO OFFICERS AND                      |                       | $\overline{}$             |
| TITLE   | DP                                      | ☐ DELETE                             | 1.1 TITLE           |         |                       |  | L Change              | ☐ Addition                |
| NAME  | CROCQUET, MARC                          | 1.21                                 |                     | AME     |                       |  |                       |                           |
| STREET ADDRESS  |   |                                      | 1,3 \$TREET ADDR    |         | ADDRESS               |  |                       |                           |
| CITY-ST-ZIP   | FT. LAUDERDALE FL 33309                 |                                      | 1.4 CITY - ST - ZIP |         | T-ZIP                 |  |                       |                           |
| TITLE   |   | DELETE                               | 2,1 TITL            |         | 1                     |  | Li Change             | ☐ Addition                |
| NAME  |   |                                      | 2.2 NAME            |         |                       |  |                       | i                         |
| STREET ADDRESS  | 2.3                                     |                                      | 2.3 S               | TREET   | ADDRESS               |  |                       |                           |
| City - ST - ZIP   |   |                                      | 2. 4 CITY-ST-ZIP    |         | T-ZIP                 | -  |                       | 377 4 4 1 1 2 2 2 2 2     |
| TITLE   | ☐ DELETE 3.                             |                                      | 3.1 7               | ITLE    |                       |  | Change                | Addition                  |
| NAME  |   |                                      | 3.2 N               | AME     |                       |  |                       | İ                         |
| STREET ADDRESS  |   |                                      | 3.3 S               | TREET . | ADDRESS               |  |                       | }                         |
| CITY-ST-ZIP   |   |                                      | _                   | HTY-S   | ST-ZIP                |  |                       | FTL xuere -               |
| TITLE   |   | DELETE                               | 4,1 TITLE           |         |                       |  | L Change              | Addition                  |
| NAME  |   |                                      | 4, 21               |         |                       |  |                       | 1                         |
| STREET ADDRESS  |   |                                      | 4.3 STREE           |         | ADDRESS               |  |                       |                           |
| CITY - ST - ZIP   |   |                                      | 4.4 CITY-           |         | T- ZIP                |  |                       |                           |
| TITLE   |   | DELETE                               | 5.1 TITLE           |         |                       |  | ☐ Change              | Addition                  |
| NAME  |   |                                      | 5.2 N               | AME     |                       |  |                       |                           |
| STREET AODRESS  |   |                                      | 5.3 S               | TREET   | ADDRESS               |  |                       | ĺ                         |
| CMY-ST-ZIP  |   |                                      | 5. <u>4 C</u>       | ITY-S   | T- ZIP                |  |                       |                           |
| TITLE   |   | ☐ DELETE                             | 6.1 T               | ΠLE     |                       |  | Change                | Addition                  |
| NAME  |   |                                      | 6.2 N               | AME     |                       |  |                       |                           |
| STREET ADDRESS  |   |                                      | 6,3 S               | TREET   | ADDRESS               |  |                       |                           |
| CITY-ST-ZIP   |   | 1 6141                               |                     | ITY-S   |                       | 2  | netifica the - 6 41   | information               |
| 14 Thereby c  | artifu that the information cumplied wi | ith this filling dose not qualify fo | ar the ev           | emni    | non stated in S       | Section 119.07(3)(i), Florida Statutes, I further ce   | survuriai ine         | miornation t              |

4. 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.

SIGNATURE: 2

1/06/98

CR2E034 (10/9