


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004830 (2)**  
1. Corporation Name  
**A.G.A. BOOSTERS, INC.**



Principal Place of Business <b>7502 SE SANDPIPER STREET HOBE SOUND FL 33455</b>	Mailing Address <b>7502 SE SANDPIPER STREET HOBE SOUND FL 33455</b>
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3. Date Incorporated or Qualified <b>08/25/1997</b>	
4. FEI Number <b>65-0786969</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**SOPKO, JAMES**  
**2307 S.E. MONTEREY ROAD**  
**STUART FL 34996**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WINCLIP, NICOLE</b>	
STREET ADDRESS	<b>7502 SE SANDPIPER STREET</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORABITO, LORI</b>	
STREET ADDRESS	<b>5125 SE ORANGE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, ROBIN</b>	
STREET ADDRESS	<b>1700 NW RIVER TRAIL</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUCKES, MARY ANN</b>	
STREET ADDRESS	<b>408 SW DOLORES AVENUE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34983</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Winclip, Nicole</b>	
1.3 STREET ADDRESS	<b>(D)</b>	
1.4 CITY-ST-ZIP	<b>(D)</b>	
2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Eric Dillenkoper</b>	
2.3 STREET ADDRESS	<b>2382 SW Independence</b>	
2.4 CITY-ST-ZIP	<b>Pl. St. Lucie, FL 34953</b>	
3.1 TITLE	<b>(D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>(D)</b>	
3.3 STREET ADDRESS	<b>(D)</b>	
3.4 CITY-ST-ZIP	<b>(D)</b>	
4.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Pam Twombly</b>	
4.3 STREET ADDRESS	<b>2448 SE Harrison St.</b>	
4.4 CITY-ST-ZIP	<b>Stuart, FL 34997</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nicole Winclip* Nicole Winclip, Pres. 1/28/98 561-546-4880

CFR2E037 (10/97)