

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90117 046 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000004830**

1. Corporation Name  
**A.G.A. BOOSTERS, INC.**

Principal Place of Business  
**7502 SE SANDPIPER STREET  
 HOBE SOUND FL 33455**

Mailing Address  
**7502 SE SANDPIPER STREET  
 HOBE SOUND FL 33455**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>1013 SE HOLBROOK CT</b>	26	<b>1013 SE HOLBROOK CT</b>	<b>08/25/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<b>65-0786969</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	<b>PORT ST LUCIE FL</b>	28	<b>PORT ST LUCIE FL</b>	<b>\$8.75 Additional Fee Required</b>	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24	<b>34952 USA</b>	29	<b>34952 USA</b>	<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SOPKO, JAMES                  2307 S.E. MONTEREY ROAD                  STUART FL 34996</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINCHIP, NICOLE</b>		1.2 NAME	<b>DILLENKOFER, ERIK</b>	
STREET ADDRESS	<b>7502 SE SANDPIPER STREET</b>		1.3 STREET ADDRESS	<b>2382 SW INDEPENDENCE RD</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>		1.4 CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34953</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILLENKOFER, ERIC</b>		2.2 NAME	<b>BROWN, TERRI</b>	
STREET ADDRESS	<b>2382 SW INDEPENDENCE</b>		2.3 STREET ADDRESS	<b>2717 SW DISTRICT AVE</b>	
CITY-ST-ZIP	<b>PT ST LUCIE FL 34953</b>		2.4 CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34953</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, ROBIN</b>		3.2 NAME	<b>HIGDON, MARY</b>	
STREET ADDRESS	<b>1790 NW RIVER TRAIL</b>		3.3 STREET ADDRESS	<b>1614 SE WASHINGTON ST.</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>		3.4 CITY-ST-ZIP	<b>STUART, FL 34997</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TWOMBLY, PAM</b>		4.2 NAME	<b>LORINGER, KIM</b>	
STREET ADDRESS	<b>2448 SE HARRISON ST</b>		4.3 STREET ADDRESS	<b>2191 NW 18th DR</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>		4.4 CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	<b>FREDERICKSON, JOE</b>	
STREET ADDRESS			5.3 STREET ADDRESS	<b>1199 NE PINEHILL TERR</b>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DILLENKOFER 2/18/99 561-337-7001  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)