

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35009 (0)**
1. Corporation Name
AGROVIT, INC.



Principal Place of Business: **4830 W. KENNEDY BLVD. URBAN CENTER 1 STE. 840 TAMPA FL 33609 US**
Mailing Address: **4830 W. KENNEDY BLVD. URBAN CENTER 1 STE. 840 TAMPA FL 33609 US**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **08/08/1991**
3a. Date of Last Report: **06/27/1995**
4. FLT Number: **59-3077236**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ROWE, JAMES C RIDEN, EARL & KIEFNER P.A. 100 2ND AVE. S. STE. 400N ST. PETERSBURG FL 33701**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: ROWE, JAMES C	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 100 2ND AVE.S. STE. 400N	CITY-STATE-ZIP: ST. PETERSBURG FL 33701	2. NAME:	
TITLE: TD	NAME: CHURCHILL, JOHN	3. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4830 W. KENNEDY BLVD. URBAN CNTR. STE.840	CITY-STATE-ZIP: TAMPA FL	4. CITY-STATE-ZIP:	
TITLE: PD	NAME: ABASHKIN, SERGEI	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4830 W. KENNEDY BLVD., SUITE 840	CITY-STATE-ZIP: TAMPA FL	6. NAME:	
TITLE:	NAME:	7. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	8. CITY-STATE-ZIP:	
TITLE:	NAME:	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	10. NAME:	
TITLE:	NAME:	11. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	12. CITY-STATE-ZIP:	
TITLE:	NAME:	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	14. NAME:	
TITLE:	NAME:	15. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	16. CITY-STATE-ZIP:	
TITLE:	NAME:	17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	18. NAME:	
TITLE:	NAME:	19. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	20. CITY-STATE-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)(k), 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: *SERGEY ABASHKIN* **SERGEY ABASHKIN** **3/18/96 (813) 282-00-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *president*

CR2E034 (12/95)