


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

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

PROFIT 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 # 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/08/1991**

2. Principal Place of Business 21 <b>4830 W. KENNEDY BLY D.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4830 W. KENNEDY BLY D.</b> Suite, Apt. #, etc.
22 <b>URBAN CENTER 1 STE. 650</b> City & State	27 <b>URBAN CENTER 1 STE. 650</b> City & State
23 <b>TAMPA, FL.</b> Zip	28 <b>TAMPA, FL.</b> Zip
24 <b>33609</b> 25 <b>U.S.A.</b>	29 <b>33609</b> 30 <b>U.S.A.</b>

4. FEI Number  
**59-3077236** 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

g. 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 (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_


12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>ROWE, JAMES C</b>
STREET ADDRESS	<b>100 2ND AVE.S. STE. 400N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>ABASHKIN, SERGEI</b>
STREET ADDRESS	<b>4830 W. KENNEDY BLVD., SUITE 840</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ABASHKIN, SERGEI</b>
2.3 STREET ADDRESS	<b>4830 W. KENNEDY BLVD., SUITE 650</b>
2.4 CITY-ST-ZIP	<b>TAMPA FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **SIGNATURE SERGEI ABASHKIN** 1/27/98 (813) 282-00-99

CR2E034 (10/97)