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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # P35009



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90257 008 \*\*\*150.00

AGROVI	T, INC.							
							H	NEK ELBU ENEK HEBU
Principal Place	e of Business	Mailing Address						11811 81811 41811 1441
4830 W. KENNE	EDY BLVD.	4830 W. KENNEDY BLVD.						
SUITE 650 S		SUITE 650				DO NOT WEE	TE IN THIS SDACE	
TAMPA FL 33609		TAMPA FL 33609				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
US		US						}
		2a Mailing Addrson				08/08/1991 4. FEI Number		Applied For
<del></del>	lace of Business	2a. Mailing Address				59-3077236	·  -	Not Applicable
21	#2.42	26 Suite Apt. #, etc.		<u> </u>		59-30/7230		5 Additional
Suite_Apt_	# etc.	<b>├</b> ¬				5. Certifcate of Status Desired	1	e Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing	\$5	00 May Be
<del></del>	,	28				Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cour	ıtrv		8. This corporation owes the curr	<del></del>	
	25	29	30	•		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		1201			10. Name and Address of New F	Registered Agent	
				81 N	ame			
ROW	VE, JAMES C			20 0	4	as (D.O. Day Number is Not Assent	hla)	
RIDE	EN, EARL & KIEFNER P.A.			82 S	treet Addre	ss (P.O. Box Number is Not Accepta	able)	ĺ
100	2ND AVE. S. STE. 400N		-	83				
ST. I	PETERSBURG FL 33701		<u> </u>					
			1	84 C	ity		FL [85]	Zîp Code
11 Purcuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	ites, the ab	ove-na	med corpo	ration submits this statement for the	numose of changing	g its registered
l office or r	registered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was	authorized	by the	corporation	n's board of directors. I hereby accep	ot the appointment a	is registered
SITE AMBRE	m tamular with and accept the obligat							
ugoni. ra		ons of, Section 607,0505, Fi	orida Statu	tes.				{
SIGNATURE	· .			tes.	nature required	when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT		tes.	nature required	when reinstating)  ADDITIONS/CHANGES TO OF		CTORS IN 12
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered /	1es. Agent sig	nature required			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOT	E: Registered /	ies. Agent sig	nature required		FICERS AND DIRE	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND S ROWE, JAMES C	t and title if applicable. (NOT	13. 1.1 ΤΤΤ	ies. Agent sig			FICERS AND DIRE	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND ROWE, JAMES C 100 2ND AVE.S. STE. 400N	t and title if applicable. (NOT	13. 1.1 ππ 1.2 NAI	Agent sig	DRESS		FICERS AND DIRE	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent  OFFICERS AND  S ROWE, JAMES C 100 2ND AVE.S. STE. 400N ST. PETERSBURG FL 33701 PD	t and title if applicable. (NOT D DIRECTORS DELETE	13. 1.1 TTT 1.2 NAI 1.3 STF 1.4 CIT	Agent sig LE WE REET ADD Y-ST-ZIF LE	DRESS		FICERS AND DIRE	nge
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent  OFFICERS AND  S ROWE, JAMES C 100 2ND AVE.S. STE. 400N ST. PETERSBURG FL 33701 PD ABASHKIN, SERGEI SUITE 650	t and title if applicable. (NOT D DIRECTORS OELETE	13. 1.1 TITE 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITE 4.2 NAM 4.3 STF	Agent signal sig	ORESS ORESS P V D SHI VRESS P ORESS	ipalov, Valeriy 30 w. Ihemmedy Bir mpa, Fl. 23766	FICERS AND DIRE Chai	nge Addition  nge Addition  nge Addition  age Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP