

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

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000046505 (2)

1. Corporation Name  
AG. LABOR, INC.

Principal Place of Business 807 NW AVENUE L BELLE GLADE FL 33430	Mailing Address PO BOX 1841 CLEWISTON FL 33440-1841
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1993	3a. Date of Last Report 04/12/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 65-0421507	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BALLARD, PATRICIA L  
807 NW AVENUE L  
SUITE 5  
BELLE GLADE FL 33430

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

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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	BALLARD, PATRICIA L		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	PO BOX 1841 N/A		1.2 NAME		
CITY - ST - ZIP	CLEWISTON FL 33440		1.3 STREET ADDRESS		
			1.4 CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALLARD, JAMES A JR		2.2 NAME		
STREET ADDRESS	PO BOX 1841 N/A		2.3 STREET ADDRESS		
CITY - ST - ZIP	CLEWISTON FL 33440		2.4 CITY - ST - ZIP		
			3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY - ST - ZIP		
CITY - ST - ZIP			4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			4.2 NAME		
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
NAME			4.4 CITY - ST - ZIP		
STREET ADDRESS			5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY - ST - ZIP			5.2 NAME		
			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		

14. I do 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: *Patricia L Ballard* Patricia L. Ballard 03/07/97 561-996-5873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)