

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY - 1 11:10:15

DOCUMENT # P93000050641 (8)

1. Corporation Name  
AGEE II, INC.

Principal Place of Business  
4208 WAVERLY DR  
W PALM BCH. FL 33407

Mailing Address  
132 MIRAMAR AVE  
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	P.O. Box 20581
22. Suite, Apt #, etc		27. Suite, Apt #, etc.	
23. City & State		28. City & State WEST PALM BEACH, FL	
24. Zip	25. Country	29. Zip	30. Country
		33406	USA

3. Date Incorporated or Qualified 07/20/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0497517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ANDREWS, FLOYD R  
4208 WAVERLY DR  
W PALM BCH. FL 33407

10. Name and Address of Now Registered Agent

B1 Name: SAME  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City: FL B5 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title of corporation (B)(1) Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDREWS, CEDRIC J
STREET ADDRESS	710 EXECUTIVE CENTER DR., APT. 113
CITY - ST - ZIP	W PALM BCH. FL 33407
TITLE	D
NAME	GRAHAM, RUFUS C
STREET ADDRESS	132 MIRAMAR AVE
CITY - ST - ZIP	ROYAL PALM BCH. FL 33411-1110
TITLE	D
NAME	ANDREWS, BRETTE L
STREET ADDRESS	624 6 LANE
CITY - ST - ZIP	PALM BCH. GARDENS FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ANDREWS, CEDRIC J.	Address
3. STREET ADDRESS	5412 54TH WAY	
4. CITY - ST - ZIP	W. PALM BEACH, FL 33409	
21. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	TRACY J. GRAHAM	
23. STREET ADDRESS	132 MIRAMAR AVE	
24. CITY - ST - ZIP	ROYAL PALM BEACH FL - 33411-1110	
31. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	PAULA ANDREWS	
33. STREET ADDRESS	4208 WAVERLY DRIVE	
34. CITY - ST - ZIP	WEST PALM BEACH, FL 33407	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - 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 110.07(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: RUFUS C. Graham *Rufus C. Graham* 4/29/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)