

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000050641 (8)**  
1. Corporation Name  
**AGEE II, INC.**



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

Mailing Address  
**P O BOX 20581  
WEST PALM EBAHC F 33406  
US**

3. Date Incorporated or Qualified **07/20/1993** 3a. Date of Last Report **05/01/1995**

4. FLI Number **65-0497517** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent Signature requires witness stamp)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREWS, CEDRIC J</b>	
STREET ADDRESS	<b>5412 54TH WAY</b>	
CITY-ST-ZIP	<b>W PALM BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAHAM, TRACY J</b>	
STREET ADDRESS	<b>132 MIRAMAR AVE</b>	
CITY-ST-ZIP	<b>ROYAL PALM BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREWS, PAULA</b>	
STREET ADDRESS	<b>4208 WAVERLY DR</b>	
CITY-ST-ZIP	<b>WEST PALM EBAHC FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ANDREWS, CEDRIC J.</b>	
1.3 STREET ADDRESS	<b>7517 75TH WAY</b>	
1.4 CITY-ST-ZIP	<b>W PALM BCH, FL 33407</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GRAHAM, RUFUS C.</b>	
4.3 STREET ADDRESS	<b>132 MIRAMAR AVE</b>	
4.4 CITY-ST-ZIP	<b>ROYAL PALM BCH, FL 33411</b>	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

57-1196