

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055499

1. Corporation Name
AGS-EQUITIES, INC.

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90213 017 ***150.00
04-27-1999 90213 018 *****8.75



Principal Place of Business
4630
4691 N. UNIVERSITY DRIVE
SUITE #204
CORAL SPRINGS FL 33067

Mailing Address
4630
4691 N. UNIVERSITY DRIVE
SUITE #204
CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4630 University Dr
Suite, Apt. #, etc. #204

22 City & State
Coral Springs

23 Zip FL Country 33067

2a. Mailing Address

26 4630 University Dr
Suite, Apt. #, etc. #204

27 City & State
Coral Springs

28 Zip FL Country 33067

3. Date Incorporated or Qualified

08/06/1993

4. FEI Number

65-0438517

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 the current year intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

4630
FOGEL, ALLAN
4691 N. UNIVERSITY DRIVE
SUITE #204
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Coral Springs

85 Zip Code

FL 33067

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME 4630 FOGEL, ALLAN
STREET ADDRESS 4691 N. UNIVERSITY DRIVE, #204
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/1/99 (954) 752-4656

Date

Daytime Phone #

CR2E034 (11/98)