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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000066614 (7)

A.G.S. & ASSOCIATES, INC.

FILED May 07 1998 8:00am Secretary of State



MIAMI FL 3	OGRO LANE	3055 NW 203RD LAN	ΙE					
MIMMI FL S	3003	MIAMI FL 33055			DO NOT WRIT	E IN THIS SF	ACE	
					3. Date Incorporated or Qualified		·-	
					09/20/1993			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		A	oplied For
21		26			65-0439939		N	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			·		\$8.75	Additional
22		27			5. Certificate of Status Desired		Fee Re	equired
City & State	8	City & State			6. Election Campaign Financing	_	\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	y	8. This corporation owes or has p	aid the curre	nt year I <u>n</u> l	tangible
24	25	29	30		Personal Property Tax due June			No
	g. Name and Address of Curren	nt Registered Agent		т	10. Name and Address of New R	egiatered A	gent	
	Sawyer, agatha g		81	Name				
	1055 NW 203RD LANE		82	Street Add	dress (P.O. Box Number is Not Accepta	ıble)		
N	AIAMI FL 33056					<u></u>		
			83					
			84	City			85 Zip	Code
						<u>FL</u>		
11, Pursuant	to the provisions of Sections 607.050 enistered agent, or both, in the State	92 and 607.1508, Florida Stat For Florida, Such change was	utes, the abov	re-named cor v the corners	rporation submits this statement for the	purpose of o	hanging i ntment as	ts registered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obligation.	ations of, Section 607.0505, f	Iorida Statute	s in our port	and to board of birostoro. Thereby about	opt the appoi	THE COLUMN	- ogistoroa
SIGNATURE								
	Signature, typed or pented name of registered age		OTC Registered Age		uired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	OTE. Registered Age			DATE CERS AND D		
12. TITLE	OFFICERS AND		OTC. Registered Age 13. 1.1 TrTLE		uired when reinstating)	DATE CERS AND D	DIRECTOR Change	RS IN 12
12. TITLE NAME	OFFICERS ANI DP SAWYER, AGATHA G	D DIRECTORS	113. 1.1 TITLE 1.2 NAME	ent signature requ	uired when reinstating)	DATE CERS AND D		
12.	DP SAWYER, AGATHA G 3055 NW 203RD LANE	D DIRECTORS	113. 1.1 TITLE 1.2 NAME		uired when reinstating)	DATE CERS AND D		
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