

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000075630 (1)**

1. Corporation Name
AGC SANCTUARY CORPORATION



Principal Place of Business
**2601 S. BAYSHORE DRIVE
MIAMI FL 33133-5461**

Mailing Address
**2601 S. BAYSHORE DRIVE
MIAMI FL 33133-5461**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **10/12/1994**

3a. Date of Last Report **04/28/1995**

4. FCI Number **65-0525941**

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

9. Name and Address of Current Registered Agent
**LANGLEY, MARCIA H
2601 S. BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461**

10. Name and Address of New Registered Agent
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, Sect on 607.0505, Florida Statutes.

SIGNATURE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	VASD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO J	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MIKESH, LINDA A	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODBURY, KIMBALL D	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY - ST - ZIP	MIAMI FL 33133-5461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Langley, Marcia H	
1.3 STREET ADDRESS	2601 S. Bayshore Drive	
1.4 CITY - ST - ZIP	Miami, FL 33133-5461	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carleton, Callis N.	
2.3 STREET ADDRESS	2601 S. Bayshore Drive	
2.4 CITY - ST - ZIP	Miami, FL 33133-5461	
3.1 TITLE	VFS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Goldman, Joel K.	
3.3 STREET ADDRESS	2601 S. Bayshore Drive	
3.4 CITY - ST - ZIP	Miami, FL 33133-5461	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thompson, Charles	
4.3 STREET ADDRESS	2601 S. Bayshore Drive	
4.4 CITY - ST - ZIP	Miami, FL 33133-5461	
5.1 TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jeffrey, Thomas W.	
5.3 STREET ADDRESS	2601 S. Bayshore Dr.	
5.4 CITY - ST - ZIP	Miami, FL 33133-5461	
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: *Joel K. Goldman* **4-12-96** **305-859-4071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)