


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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~P9-0000-18012~~

1. Corporation Name
THE AGEAN GROUP, Inc.

P94000092870



Principal Place of Business 1 SOUTH OCEAN BLVD. SUITE 300 BOCA RATON FL 33432	Mailing Address 1 SOUTH OCEAN BLVD. SUITE 300 BOCA RATON FL 33432-5144
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3. Date Incorporated or Qualified 12-22-1994	3a. Date of Last Report 2-22-1996
4. FEI Number 65-0374755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PAIGE, LISA K
ONE SOUTH OCEAN BLVD. SUITE 300
BOCA RATON, FL. 33432**

10. Name and Address of New Registered Agent

81 Name CONTI, JOSEPH E
82 Street Address (P.O. Box Number is Not Acceptable) ONE SOUTH OCEAN BLVD.
83 SUITE 300
84 City BOCA RATON
85 Zip Code FL 33432

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 *Joseph Giuliani* **JOSEPH GIULIANO** **4-29-97**
Sign here, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME PAIGE, LISA	
STREET ADDRESS 21819 TOWN PLACE DR	
CITY-ST-ZIP BOCA RATON, FL. 33433	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JOSEPH E CONTI	
1.3 STREET ADDRESS 6511 NE 20th AVE	
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33064	
2.1 TITLE V-T-S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JOSEPH J GIULIANO	
2.3 STREET ADDRESS 2101 ATLANTIC SHORES BLVD#202	
2.4 CITY-ST-ZIP HALLANDALE, FL 33009	
3.1 TITLE V-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME ANDREW J PALUMBO	
3.3 STREET ADDRESS 1155 SW 5th CT	
3.4 CITY-ST-ZIP BOCA RATON, FL 33432	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME HOWARD CASS	
4.3 STREET ADDRESS 1440 SW 21st LANE	
4.4 CITY-ST-ZIP BOCA RATON, FL 33486	
5.1 TITLE M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME ALBERT POLIAK	
5.3 STREET ADDRESS 3801 NE 27th TERRACE	
5.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	
6.1 TITLE 400002169594	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME -05/07/97--01059--076	
6.3 STREET ADDRESS ***173.75	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Joseph Giuliani* **JOSEPH GIULIANO** **4-29-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)