Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90132 009 ***150.00

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 # P94000092870

1. Corporation Name

THE AGEAN GROUP, INC.

								8811 BB11 1881
Principal Plac	e of Business	Mailing Address			4 (00)(00)	BIBII 48111 63141 84411		2011 9911 1001
1 SOUTH OCEAN BLVD. 1 SOUTH OCEAN BLVD.								
SUITE 300 SUITE 300								
BOCA RATON FL 33432-5144 BOCA RATON FL 33432-5144					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated	or Qualifed]
					12/22/1994			
Principal Place of Business 2a. Mailing Address					4. FEI Number		.Applied For	
26					65-03747 <u>55</u>		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					= C-+iftf Ct-tus	Desired	\$8.75 A	dditional
27					5. Certifcate of Status	Desired 🗀	Fee Red	quired
City & State City & State					6. Election Campaign	Financing	\$5.00	May Be
23			ب <u></u>		- Trust Fund Contrib	Trust Fund Contribution Added to Fees.		
Zip				try 8. This corporation owes the current year Intangible				
24	25 29 30				Personal Property Tax.			
	9. Name and Address of Curren		<u>, </u>		10. Name and Addres	s of New Registe	red Agent	
			81	Name				
CON	nti, Joseph e							
ONE SOUTH OCEAN BLVD			82	Street	Address (P.O. Box Number is	Not Acceptable)		
SUITE 300			83	. 				
	CA RATON FL 33432		"	[·			
	., i i i i i i i i i i i i i i i i i i i		84	City		'	85 Zip C	ode
							F L	l-t
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was aut	, the above	e-named the com	corporation submits this stater oration's board of directors. I h	nent for the purpos ereby accept the a	e of changing its i	registered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statute	5.	5,4,5,1,4			_
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE: R	egistered Age	ent signature	required when reinstating)	DAT	E	
12.		D DIRECTORS	13.		ADDITIONS/CHANG	SES TO OFFICER		
TITLE	≫ D	☐ DELETE 1.1 TI			D	•	Change	☐ Addition
NAME	CONTI, JOSEPH 12N		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS		ĺ			{
CITY-ST-ZIP	FT. LAUDERDALE FL 33064		1.4 CITY-ST-ZIP					Ì
TITLE			2.1 TITLE				Change	Addition
NAME			2.2 NAME					1
	ALCO ANTI-LATTIC CLICATED BLAD # 600			T ADDRESS				
HALLANDANE EN ARROR			L					
CITY-ST-ZIP	HALLANDALE FL 33009	XDELETE	2.4 CITY-	\$1-4P			Change	Addition
TITLE	i.j.,		3.1 TITLE			•	A	ا ''
NAME	-PALUMBO, ANDREW J		3.2 NAME			- , -		
STREET ADDRESS		e e e e e e e e e e e e e e e e e e e		ET ADDRESS	,			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE *	 D 				Ì		Change	☐ Addition
NAME	-CASS, HOWARD 4.21		4. 2 NAME	•				
STREET ADDRESS	1440 S.W. 21ST LANE		4.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-	ST-ZIP				
TITLE	M -	☐ DELETE	LETE 5.1 TITLE		PD		Change	☐ Addition
NAME .	***		5.2 NAME		POLIAK AL	BERT	•	
STREET ADDRESS	*****		6 2 CTDES	ET ADDRESS	3801 N.E. 2	17th TER	RACE	
CITY-ST-ZIP			3.3 3 I REI	TI ADDRESS	ייטמר ו			
			5.4 CITY-				3306	4
	LIGHTHOUSE POINT FL 33064					POINT F	3306 ☐ Change	└ Addition
TITLE		☐ DELETE	5.4 CITY-	ST-ZIP			3306	☐ Addition

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 trasfee emptivered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

750 - 6045