

P95000010971

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 1:37

February 1, 1995

Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

900001398979
-02/07/95--01038--013
****122.50 ****122.50


Re: AGS Inc.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,


Stephen L. Malek
AGS Inc.
191 South State Rd. 7
Margate, Florida 33068
Tel: (305) 973-4867

SM/lm
Enclosures: 4

SPG

ARTICLES OF INCORPORATION

of

AGS INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

AGS INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred-two shares (102) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Stephen L. Malek</u>		
ADDRESS	<u>191 South State Rd. 7</u>		
CITY	<u>Margate</u>	FLORIDA	ZIP <u>33068</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>AGS INC.</u>		
ADDRESS	<u>191 South State Rd. 7</u>		
CITY	<u>Margate</u>	FLORIDA	ZIP <u>33068</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Stephen L. Malek</u>		
ADDRESS	<u>650 N.W. 79th Avenue</u>		
CITY	<u>Margate</u>	STATE <u>Florida</u>	ZIP <u>33063</u>
NAME	<u>Roseann Malek</u>		
ADDRESS	<u>650 N.W. 79th Avenue</u>		
CITY	<u>Margate</u>	STATE <u>Florida</u>	ZIP <u>33063</u>
NAME	<u>Catherine Malek</u>		
ADDRESS	<u>1714 N.W. 45th Court</u>		
CITY	<u>Tamarac</u>	STATE <u>Florida</u>	ZIP <u>33309</u>

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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Stephen L. Malek		
ADDRESS	650 N.W. 79th Avenue		
CITY	Margate	STATE	Florida ZIP 33063
NAME	Roseann Malek		
ADDRESS	650 N.W. 79th Avenue		
CITY	Margate	STATE	Florida ZIP 33063
NAME	Catherine Malek		
ADDRESS	1714 N.W. 45th Court		
CITY	Tamarac	STATE	Florida ZIP 33309

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 1st day of February, 1995.

_____(Seal)
_____(Seal)
_____(Seal)

STATE OF FLORIDA)
COUNTY OF _____) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

[Signature]
Signature
[Signature]
Signature
Catherine Malek
Signature

Form of Identification

Form of Identification

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 19_____

Notary Signature

Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

AGS INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 191 South State Rd. 7

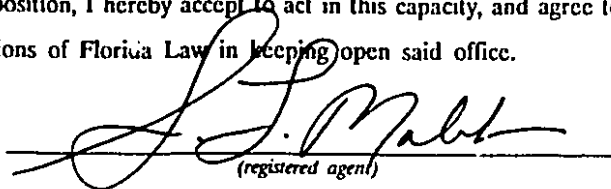
Margate, Florida 33068

has named Stephen L. Malek

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 OCT -7 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010971 (6)

AGS INC.

Principal Place of Business

Mailing Address

191 S STATE RD 7
MARGATE FL 33068

191 S STATE RD 7
MARGATE FL 33068

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MALEK, STEPHEN L
191 S STATE RD 7
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name

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

83

500001979365--7

-10/18/96--01006--022

****375.00 ****375.00

FL

84

City

Zip Code

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, if not printed, must be of registered agent and title if applicable

(NOTE: Register Agent signature required when reinstating)

DATE

9-13-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE

D

DELETE

NAME

MALEK, STEPHEN L

STREET ADDRESS

850 NW 79 AVE

CITY-ST-ZIP

MARGATE FL 33063

TITLE

D

DELETE

NAME

MALEK, ROSEANN

STREET ADDRESS

850 NW 79 AVE

CITY-ST-ZIP

MARGATE FL 33063

TITLE

D

DELETE

NAME

MALEK, CATHERINE

STREET ADDRESS

1714 NW 45 CT

CITY-ST-ZIP

TAMARAC FL 33309

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #