## 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

P95000033527 (9) DOCUMENT #

A.G. PRENTICE REALTY, INC.

**FILED** Apr 15 1998 8:00am Secretary of State



rancipal riace	Of Dosiness	Mailing Address						
4402 SOUTHWINDS 287 BOWMAN AVENUE DESTIN FL 32541		% UZZO & COMPANY, C.P.A.'S P.C. 287 BOWMAN AVENUE				DO NOT WRITE IN THIS	S SPACE	
US US	J41	PURCHASE NY 10577-2542				3. Date Incorporated or Qualified		
<b>0</b> 0								
<b>6 6 1 1 1 1 1 1</b>	- ( D	Ta- 14 Pr. Add				04/28/1995		
2. Principal Pla	2a. Mailing Address	5			4. FEI Number		opplied For	
	<del></del>					13-3834526		lot Applicable
Suite, Apt. #	Suite, Apt. #, etc.	pt. #, etc.			5. Certificate of Status Desired	• -	Additional	
22	27	· · · · · · · · · · · · · · · · · · ·				Fee R	Required	
City & State City & State						Election Campaign Financing	•	May Be
	Country Zip			Country		Trust Fund Contribution		to Fees
Zip				rury		8. This corporation owes or has paid the c		_ ~
24 32541 25 U.S.A. 29 9, Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			No	
				61		10, Name and Address of New Registere	D Agent	_ <del></del>
	DES-FAULI CORPORATE SERVI	CES, INC.	,	"	Name			
777 SOUTH FLAGLER DRIVE SUITE 500 W PALM BEACH FL 33401				82	2 Street Address (P.O. Box Number is Not Acceptable)			
				83				
1 44	TALM DEAUTIFL 33401						<del>-  </del>	- <del></del>
				84	City	F	L 85 Zip	Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the al	pove-	-named cor	poration submits this statement for the purpose		its registered
office or re	i <b>gistered age</b> nt, or both, in the State In <b>famil</b> iar with, and accept the obliga	of Florida. Such change was :	authorizei	d by t	the corpora	ation's board of directors. I hereby accept the ap	opointment as	s registered
SIGNATURE								
	Signature, lyped or printed name of registered agor	,		d Agen	l signature requ	pired when reinstating) DATE		
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE		[] DELETE	1170	TLE			∐ Change	Addition
HAME	GRIKITIS, ANDRE		1.2 N/	AME	,			
STREET ADDRESS	1711 PALMER AVE.		1.3 ST	TREFT #	ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LA 70115		1.4 CITY - ST - ZIP		- ZIP			_
TITLE	D	DELETE	DELETE 2.1 TI				Change	Addition
NAME	GRIKITIS, ELINOR P		2.2 NA	AME	ļ			
STREET ADDRESS	1711 PALMER AVE.		2351	TREET #	ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LA 70115							
TITLE	THE PROPERTY OF THE PROPERTY O	2. 4 CITY - ST - ZIP 3.1 TITLE		- 20		Change	Addition	
NAME		☐ DELETE	3.2 NA		1		c.io.igo	
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP				OTY-ST	ZIP			1.4495
TITLE		LJ DELETE	4.1 16		ļ		Change	Addition
NAME			4. 2 N					
STREET ADDRESS			4.3 ST	REET A	ADDRESS			
CITY-ST-ZIP				11Y-ST-	- ZIP		<del></del>	
TITLE		L DELETE	5.1 70	TLE	[		Change	Addition
NAME			5.2 NA	AME				
STREET ADDRESS			5.3 \$1	IREET A	ADDRESS			
CITY-ST-ZIP	_		5.4 CI	ITY-ST-	- ZIP			
TITLE		DELETE	6.1 TO				Change	Addition
NAME		_	62 N/	AME	1			:
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP		/ ~		ITY-ST-				
	artify that the information supplied wit	If this filing place put quality for				Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information
indicatéd r	on this annual report or supplemental lirector of the corporation or the rive	annual roport is true and acciver or trastee empowered is	curate and execute t	d that this re	t my signati aport as rec	ure shall have the same legal effect as if made it quired by Chapter 607, Florida Statutes; and tha	inder oath; th t my name ar	nat I am an opears in