

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

FILED  
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

DOCUMENT # P95000065928 (0)

1. Corporation Name  
AGC CL LIMITED PARTNER, INC.

Principal Place of Business  
% MARCIA H. LANGLEY  
2601 S. BAYSHORE DRIVE  
MIAMI FL 33133

Mailing Address  
% MARCIA H. LANGLEY  
2601 S. BAYSHORE DRIVE  
MIAMI FL 33133-5417



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified  
08/22/1995

3a. Date of Last Report  
04/16/1996

4. FEI Number  
65-0602705

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H  
2601 S. BAYSHORE DRIVE  
MIAMI FL 33133

81 Name  
JOEL K. GOLDMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
2601 S. BAYSHORE  
83 9TH FLOOR  
84 City  
MIAMI FL 85 Zip Code  
33133

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

Joel K. Goldman

Joel K. Goldman

4/11/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLETON, CALLIS	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODBURY, KIMBALL D.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	

1.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOLDMAN, JOEL K.	
1.3 STREET ADDRESS	2601 S. BAYSHORE DR	
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEFFREY, THOMAS W.	
2.3 STREET ADDRESS	2601 S. BAYSHORE DR	
2.4 CITY-ST-ZIP	MIAMI FL 33133	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	O'GRADY, KEVIN	
3.3 STREET ADDRESS	2601 S. BAYSHORE DR	
3.4 CITY-ST-ZIP	MIAMI FL 33133	
4.1 TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANGLEY, MARCIA H.	
4.3 STREET ADDRESS	2601 S. BAYSHORE DR	
4.4 CITY-ST-ZIP	MIAMI FL 33133	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CORBETT, RONNIE	
5.3 STREET ADDRESS	2601 S. BAYSHORE DR	
5.4 CITY-ST-ZIP	MIAMI FL 33133	
6.1 TITLE	V/C/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CARLETON, CALLIS	
6.3 STREET ADDRESS	2601 S. BAYSHORE DR	
6.4 CITY-ST-ZIP	MIAMI FL 33133	

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:

Joel K. Goldman

Joel K. Goldman

4/11/97

305-859-4071

SEE Additional OFFICER ATTACHED 5/1/97

CR2E034 (9/96)

**Addition**

VP  
Troisi, Claudia  
2601 S. Bayshore Drive  
Miami, Florida 33133