

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000072333 (4)**

1. Corporation Name  
**AGT-COMMUNICATIONS INC.**



Principal Place of Business: **3716 CGERRYWOOD DRIVE HOLIDAY FL 34691**  
Mailing Address: **3716 CGERRYWOOD DRIVE HOLIDAY FL 34691**

2. Principal Place of Business: **4732 TROUBLE CREEK**  
21 Suite, Apt. #, etc.  
22 City & State: **NEW PORT RICHEY FL**  
23 Zip: **34652** 25 County: **PASCO**  
2a. Mailing Address: **4732 TROUBLE CREEK**  
26 Suite, Apt. #, etc.  
27 City & State: **NEW PORT RICHEY FL**  
28 Zip: **34652** 30 County: **PASCO**

3. Date Incorporated or Qualified: **09/19/1995**  
3a. Date of Last Report  
4. EIN Number: **59-3341800** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. Trust Fund Contribution:   
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

9. Name and Address of Current Registered Agent  
**AGIN, LANCE**  
**3716 CGERRYWOOD DRIVE**  
**HOLIDAY FL 34691**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> DELETE             |
| NAME           | <b>President LANCE AGIN</b>                 |
| STREET ADDRESS | <b>3716 CHERRYWOOD DR</b>                   |
| CITY-STATE-ZIP | <b>HOLIDAY FL 34691</b>                     |
| TITLE          | <input type="checkbox"/> DELETE             |
| NAME           | <b>Secretary of Treasurer STEVEN GARONE</b> |
| STREET ADDRESS | <b>2142 TEKOGIA COURT</b>                   |
| CITY-STATE-ZIP | <b>HOLIDAY FL 34690</b>                     |
| TITLE          | <input type="checkbox"/> DELETE             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> DELETE             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> DELETE             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-STATE-ZIP |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-STATE-ZIP |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-STATE-ZIP |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-STATE-ZIP |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-STATE-ZIP |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-STATE-ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual reports is true and accurate and that my signature shall have the same legal effect as if made in and to the effect that I am an officer or director of the corporation or a receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**800001762248**  
**-03/29/96--01022--028**  
**\*\*\*200.00**

*3/15/96*

*[Handwritten initials]*

CR2E034 (12/95)