## 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 # **P95000083354**1. Corporation Name

CITY-ST-ZIP

AGRO-TEC INTERNATIONAL, INC.

Principal Place	of Business	Mailing Address		2 TORNIOON TYN TOTAL DUSTY ONLY, BRIST BEST TOLOG 14400 (1401 014) (6101 580)
147 SAUSALITO DRIVE BOYNTON BCH FL 33436		147 SAUSALITO DRIVE BOYNTON BCH FL 33436 US		DO NOT WRITE IN THIS SPACE
US US			3. Date Incorporated or Qualifed	
•				10/31/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26	s 5-4	65-0671599 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22		27		Fee Required
City & State	<u>.</u>	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country		Country	Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible
Zip	Country 25	29 30	¬ '	Personal Property Tax.
24	9. Name and Address of Current	<del></del>	<u> </u>	10. Name and Address of New Registered Agent
			81 Name	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD			82 Street	t Address (P.O. Box Number is Not Acceptable)
	ALMERIA AVENUE		02 0	Andress (F. S. Sex Hamps) is the state of th
COR	AL GABLES FL 33134		83	
			84 City	85 Zip Code
į		, .		FL V FL
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				required when reinstating)  DATE
	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Agent signature	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME	KING, KENNETH H	<del>-</del> -	1.2 NAME	
STREET ADDRESS	147 SAUSALITO DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYNTON BEACH FL 33436		1.4 CfTY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, DAVID M		2.2 NAME	
STREET ADDRESS	147 SAUSALITO DRIVE	. v	2.3 STREET ADDRESS	3
CiTY-ST-ZIP	BAYNTON BEACH FL 33436		2. 4 CITY-ST-ZIP	Change C Addition
TITLE	STD	☐ DELETE	3.1 TITLE	Change Addition
NAME	KING, LOUISE M		3.2 NAME	
STREET ADDRESS	147 SAUSALITO DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BAYNTON BEACH FL 33436	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE	d Gerry K King		4. 2 NAME	
NAME CTDECT ADDRESS	ADE OF OND AVE 440		4.3 STREET ADDRESS	
STREET ADDRESS	GAINESVILLE FL 32601		4.4 CITY-ST-ZIP	<u> </u>
CITY-ST-ZIP	COMMEDMILLE I'E SEOUT	☐ DELETÉ	5.1 TITLE	Change Addition
NAME		_	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	B
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	s [

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 trustee empowered to execute this report is 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.

6.4 CITY-ST-ZIP

FILED Apr 08, 1999 8:00 am Secretary of State

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