FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000084414 (8)**

1. Corporation Name

AGHG, INC.

Principal Place of Business	Mailing Address
7301 A W PALMETTO PARK RD SUITE 305 C BOCA RATON FL 33434	7301 A W PALMETTO PARK RD SUITE 305 C BOCA RATON FL 33434

3. Date Incorporated or Qualified: 10/31/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21: 17321 ALLENBURY CT	26: 17321 ALLENBURY CT.
Suite, Apt. #, etc. 22: BOCA RATON	Suite, Apt. #, etc. 27: BOCA RATON
City & State 23: FL	City & State 28: FL
Zip 24: 33496 Country 25: US	Zip 29: 33496 Country 30: US.

4. FEI Number: ✓ 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

MELLA, MICHAEL J
7301 A W PALMETTO PARK RD
SUITE 305 C
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

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 607.1508, 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] Pres. 5/9/96
Signature, typed or printed name of registered agent — Title if applicable — Registered Agent Signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MELLA, MICHAEL J		1.2 NAME	
STREET ADDRESS	7301 A WEST PALMETTO PARK RD SUITE 305C		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	
TITLE	PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLAN GLASSMAN		2.2 NAME	
STREET ADDRESS	17321 ALLAN BURY CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
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	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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5.15

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓ [signature] 5/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)