


Figure 1

Feb 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. McDaniel</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000089185 (9)</b>					
1. Corporation Name <b>AGUSTA, INCORPORATED</b>					
Principal Place of Business <b>349 SEVERIN PORT CHARLOTTE FL 33952</b>			Mailing Address <b>349 SEVERIN PORT CHARLOTTE FL 33952-9736</b>		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt #, etc		26 Suite, Apt #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24		25		29	
9. Name and Address of Current Registered Agent					
<b>NORTON, ROBERT J 126 E. OLYMPIA AVE., STE. 408 PUNTA GORDA FL 33950</b>				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the owner of the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate records, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CB2F034 (9/96)