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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

ě

P9600000706 (7)

AGC LEASING CO.

FILED

Feb 19 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address
13081 NW 43RD AVE #B7	13081 NW 43RD AVE #B7
OPA LOCKA FL 33054	OPA ŁOCKA FL 33054

OPA LOCKA FL 33054		OPA ŁOCKA FL 33054		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 12/26/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	☐ A	pplied For
21		26		65-0755870 Not A		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Require			
City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	ý	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No		
<u></u>	9. Name and Address of Curren	t Registered Agent		Τ	10. Name and Address of New Registered	Agent	
	WAVELY, THOMAS H		81	Name			
	10 LAVILLA DR		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
M	IAMI SPRINGS FL 33166		_	<u> </u>			
			83	'			
			84	City		85 Zip	Code
				,	FL	.	
11. Pursuant to office or re agent. Lar	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	utes, the abov authorized b lorida Statute	e-named corp y the corporal is.	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	changing i	its registered s registered
SIGNATURE _		,					
	Signature, typed or printed name of registered age			ent signature requi	ired when reinstating) DATE	DIDECTO	50 111 40
12.	OFFICERS ANI	DELETE	13. 1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	SWAVELY, THOMAS S	- Decemb	1.2 NAME			Onange	Addition
STREET ADDRESS	6838 SW 22 ST			T ADDDCOO	•		
	MIRAMAR FL 33023			T ADDRESS			
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY-	21 - ZIP	·	Change	Addition
NAME	SWAVELY, MELANIE L		2.2 NAME			onange	
STREET ADDRESS	4044 6111 44 63		2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CiTY-				
TITLE	IMPORTATION OF THE PROPERTY OF	DELETE	3.1 TITLE	<u> </u>		Change	Addition
NAME		 ,	3.2 NAME				
STREET ADDRESS				T ADDRESS			ĺ
CITY-ST-ZIP			3.4. CITY-	1			
TITLE		DELETE	4.1 TITLE	51-ZIF	····	Change	Addition
NAME		—	4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-1				
TITLE		DELETE	5.1 TITLE	71-211		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
City-ST-ZIP			5.4 CITY-1				
TITLE		DELETE	6.1 TITLE	44		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			-
CITY-ST-ZIP			6.4 CITY-S	· · · · · · · · · · · · · · · · · · ·			
9111-01-61f			0.4 01(1-3	71 - 611			

14. Thereby 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: Who aring of Awares

2/5/98

9549629085