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Jun 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000001080 (6)

1. Corporation Name  
THE AGENCY, INC.

Principal Place of Business  
10143 MANGROVE DRIVE # 102  
BOYNTON FL 33437

Mailing Address  
10143 MANGROVE DRIVE # 102  
BOYNTON FL 33437-1368



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1996		3a. Date of Last Report	
21	10143 MANGROVE DR.	26		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
22	Suite, Apt. #, etc. # 102	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	City & State BOYNTON BCH. FL.	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 33437	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country PALM BEACH	30	Country				

9. Name and Address of Current Registered Agent <del>CORPORATION SERVICE COMPANY</del> <del>1201 HAYS STREET</del> <del>TALLAHASSEE FL 32301-2525</del>				10. Name and Address of New Registered Agent			
81	Name JEANNE M. KRAMER			82	Street Address (P.O. Box Number is Not Acceptable) 10143 MANGROVE DR.		
83				84	City BOYNTON BEACH		
85	FL			86	Zip Code 33437		

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 JEANNE M. KRAMER, PRES. JEANNE M. KRAMER 8/97  
Signature, typed or printed name of registered agent and title if applicable. (If title Registered Agent, signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	NAME	KRAMER, JEANNE M	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	10143 MANGROVE DRIVE (10143 MANGROVE DR.)	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	BOYNTON FL 33437-1368	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 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 JEANNE M. KRAMER, PRES. JEANNE M. KRAMER 8/97

CR2E034 (9/96)