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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046081 (1)

AGRI-STARTS MICROS, INC.

**FILED** May 04 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			L continue tin third bein bailt nailt (	A2144 B&141 B1211	e sitii selei	1616/116/108/
1726 KELLY PARK RD.		1728 KELLY PARK RD						
APOPKA FL 32712		APOPKA FL 32712		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
					05/24/1996			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For
21		26	26		59-3388120			Not Applicable
Suite, Apt. I	⊮, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27			C. Commodito of Charles Debuted			Required
City & State	•	City & State			6. Election Campaign Financing			May Be
23 Zim	Country	28	1 6	untry	Trust Fund Contribution			to Fees
Zip	Country	Z <sub>i</sub> p	30	iuritry	8. This corporation owes or has p	~		ntangible No
24	25 9. Name and Address of Curren	29 of Registered Agent	[30]	T	Personal Property Tax due Jun  10. Name and Address of New R			
ADA	VER, GERALDINE			81 Name	19. (14)		· ·	
	BANNING BEACH RD.							
	ARES FL 32778			82 Street Add	dress (P.O. Box Number is Not Accepta	able)		
174	THE TE SELIE			83				
				<u> </u>			<del></del>	
				84 City		FL	85 Zip	Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508. Florida Sta	lules, the s	L L above-named cor	poration submits this statement for the		changing	its registered
office or re	gistered agent, or both, in the State	of Florida Such change wa	s authorize	ed by the corpora	rporation submits this statement for the ation's board of directors. I hereby acception	ept the app	ointment a	s registered
agent I on	a familiar with and account the oblice	ations of Cootion 607 0505	Etarida Cta	hidor				
agent. I an	n familiar with, and accept the obliga	ations of, Section 607.0505,	Ftorida Sta	atutes.				
agent. I an SIGNATURE	in familiar with, and accept the oblig.		Ftorida Sta	atutes.	uli od when reinstating)	DATE		<u>-</u>
agent. I an SIGNATURE	n familiar with, and accept the obligions.  Signature, typed or printed name of registered agric		Ftorida Sta	atutes. od Agent signature requ	ulied when reinstating)  ADDITIONS/CHANGES TO OFFI		DIRECTO	PRS IN 12
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