

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049827 (4)

1. Corporation Name
Agrimond, Inc.

Principal Place of Business Mailing Address
**8910 Astronaut Blvd.
Cape Canaveral, FL 32920** } *same*

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**Alfredo J. Teran
808 W. Central Blvd.
Cape Canaveral, FL 32920**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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, typed or printed name of registrant agent and principal agent.

(NOTE: Register Agent signature required when changing office.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P [I DELETE]
NAME	Alfredo J. Teran
STREET ADDRESS	808 W. Central Blvd.
CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	VP [I DELETE]
NAME	Peter C. Deeks
STREET ADDRESS	4155 Crooked Mile Road
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	VP, S [I DELETE]
NAME	Richard G. Wood
STREET ADDRESS	255 Banana Blvd.
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	VP [I DELETE]
NAME	Arthur Hargrove Jr.
STREET ADDRESS	1711 Waller Road
CITY-ST-ZIP	Huntsville, AL 35801
TITLE	T [I DELETE]
NAME	Marco J. Sherard
STREET ADDRESS	4780 Yuma Trail
CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	[I DELETE]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[I Change] [I Add]
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[I Change] [I Add]
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[I Change] [I Add]
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[I Change] [I Add]
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[I Change] [I Add]
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

300002793599-7
-03/03/99-01075-025
****158.75 ****158.75

*VP Change
2-24-99*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and 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, with all other like employees.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

2/16/99 407-783-7989

CR2E034 (1-1-98)