

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

FILED

98 FEB 18 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000056715 (1)

1. Corporation Name
AG SANCTUARY OF ORLANDO, INC.

Principal Place of Business Mailing Address
2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133-5461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	2601 S. Bayshore Drive	07/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Legal Dept., Suite 900		65-0680069	
City & State		City & State		Applied For	
23		28 Miami, Florida		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29 33133	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDMAN, JOEL K 2601 S. BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 20002435712--9			
				84 City MIAMI, FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, JOEL	1.2 NAME	Woodbury, Kimball D.
STREET ADDRESS	2601 S. BAYSHORE DR.	1.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, JOHN H	2.2 NAME	Laguardia, John
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	2.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VDCA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VDCAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLETON, CALLS	3.2 NAME	Cook, Paula
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	3.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGLY, MARCIA H	4.2 NAME	Jeffrey, Thomas W,
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READER, PERRY K	5.2 NAME	Reader, Perry K.
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	5.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VC <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VDCAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLETON, CALLIS	6.2 NAME	2601 S. Bayshore Drive
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	6.3 STREET ADDRESS	Miami, Florida 33133
CITY-ST-ZIP	MIAMI FL 33133-5461	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____

CR2E034 (10/97)