

**FILF 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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90203 032 \*\*\*158.75

**DOCUMENT # P96000056715**

1. Corporation Name

**AG SANCTUARY OF ORLANDO, INC.**

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

Mailing Address  
**2601 S. BAYSHORE DRIVE  
LEGAL DEPT., SUITE 900  
MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

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

**9. Name and Address of Current Registered Agent**

**GOLDMAN, JOEL K  
2601 S. BAYSHORE DRIVE  
9TH FLOOR  
MIAMI FL 33133**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 807.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(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	V/AS/C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, JOEL	1.2 NAME	Cook, Paula
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, FL 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	Gillette, J. Thomas
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 FL 33133
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODBURY, KIMBALL D	3.2 NAME	Jeffrey, Thomas W.
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 FL 33133
TITLE	VAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLY, MARCIA H	4.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READER, PERRY K	5.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGUARDIA, JOHN	6.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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)(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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOEL K GOLDMAN, V.P.**

**4-9-99**

Date

**305-859-4000**

Daytime Phone #

CR2E034 (11/98)

013062