

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

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

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

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

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

3. Date Incorporated or Qualified: 07/01/1996

4. FEI Number: 65-0680069 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

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  
85 Zip Code

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 \_\_\_\_\_  
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: Joel K Goldman SIGNATURE REQUIRED  
JOEL K GOLDMAN, V.P.  
Date: 4-9-99 Daytime Phone #: 305-859-4000

CR2E034 (11/98)