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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

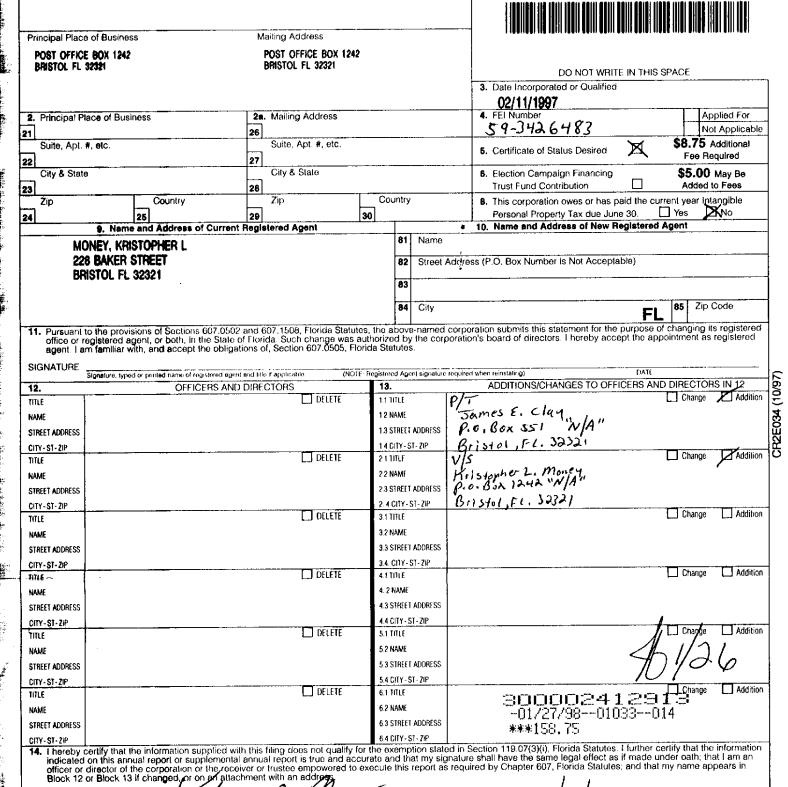
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013535 (4)

AGRESSICON CORPORATION

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Jan 26 1998 8:00am
Secretary of State



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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT #

AGRES		" P970 CORPORATION)	33 (4)							
Principal Place of Business			Maiting A	Maiting Address				T TO DITUDY SIN THEIR SOUTH MOTEL MODEL OF	AIN ABIBI NABE N	OLDUGE I	
POST OFFICE BOX 1242			POST O	POST OFFICE BOX 1242							
BRISTOL FL 32321			BRISTO	BRISTOL FL 32321				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	IN IFIIS SEA	JE	
								02/11/1997			
2. Principal P	lace of Busi	ness	2a. Mailin	2a. Mailing Address				4. FEI Number		TIAC	plied For
21			26	26				59-3426483		 	ot Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite,	Suite, Apt. #, etc.				E. Davidanta of Parkin Basins	X \$		Additional
22			27	27				Certificate of Status Desired	<u> </u>	Fee Re	quired
City & State	9		City &	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution L Added to Fees			
Zip	Country		— <u> </u>	Zip		Country		8. This corporation owes or has paid the current year Intangible			
24	å Neme	25	29 urrent Registered A	29 30				Personal Property Tax due June 30. Yes You 10. Name and Address of New Registered Agent			
N/C		·	arrent negratered A	Agus	81	Name	<u>-</u> _	IV. Name and Address of New Ne	Ristalan wila	-	
		STOPHER L			82						
228 BAKER STREET Bristol Fl 32321							Address (P.O. Box Number is Not Acceptable)				
	IISTOL I'L	JEJE 1									
					84						
						City			FL 8	5 Zip C	Code
11. Pursuant	to the provis	ions of Sections 60	7.0502 and 607.1500	3, Florida Statuti	es, the abov	e-named	corpor	ation submits this statement for the p		inging its	s registered
office of re agent. La	egistered ag m fam iliar w	gent, or both, in the ith, and accept the	State of Horida, Suc obligations of, Section	h change was a on 607.0505, Flo	nuthorized by orida Statute:	y the corp s.	poration	ation submits this statement for the p n's board of directors. I hereby accep	ot the appoint	nent as	registered
SIGNATURE											
	Signature, typed		red agent and little if applical	ule (NOTE	Flegistered Age	ent signaturo	required		DATE		
12.	OFFICERS AND DIRECTORS DELETE				13.					Change	S IN 12 Addition
TITLE				1.1 NA)			P/T	mes & Clau	LJ	Change	ADDISION
STREET ADDRESS					1.3 STREET	ADDOCCC	0.	CROY SEL "NIA"			
· ·	ł						0.	mes E. Clay 0, Box SSI "W/A" 15101, FL. 32321			
CITY-ST-ZIP TITLE	DELETE			14 City - S 2 1 Title	11-212	17/5	15101 11 11 1002		Change	Addition	
NAME				22			\mathcal{V}_{\cdot}	. Luher L. Money	_	Ü	
STREET ADDRESS				2			0.0	Stopher L. Money, BOX 1242 W/A"			
CITY-ST-ZIP	}						Bri	Stol, Fl. 32321			
TITLE	DELETE				3.1 TITLE					Change	Addition
NAME				3)				J
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP					3.4. CITY-5	ST-ZIP					
-7/7LE ~	-	 -		DELETE	4.1 TITLE					Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	ADDRESS					
CITY-ST-ZIP					4.4 CITY - S	T-ZIP					
TITLE				DELETE	5.1 TITLE				<i>/</i> /_⊥	Chapge	Addition
NAME					5.2 NAME					/_	1.
STREET ADDRESS					5.3 STREET				71) 1	ク	φ
CITY-ST-ZIP				DELETE	5.4 CITY - S	T - 71P	<u> </u>		/////	Change	Addition
TITLE				T OCTER	6.1 TITLE			30000241 -01/27/980103	29#	Dirailâe T	LJ AUGITION
NAME CERTE ADDRESS					6.2 NAME	ADDDECO		-01/27/980103	3014		
STREET ADDRESS				6.3 STREET ADDRESS 6.4 CITY-ST-7IP				***158.75			
CITY-ST-ZIP					0.4 LHY - S	1.71	L				

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.

CICNATUDE.