

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

①

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 FEB 18 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000051386 (5)**

1. Corporation Name  
**AGC-SP4, INC.**



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

Mailing Address  
**2601 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>2601 S. Bayshore Drive</b>		06/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 <b>Legal Dept., Suite 900</b>		65-0763166	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28 <b>Miami, Florida</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	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	
24	25	29 <b>33133</b>	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133</b>				81	Name		
				82	Street Address (P.O. Box or Mailing Address)		
				83	City		
				84	Zip Code		
				85	State		
					<b>FL</b>		

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	PD	1.1 TITLE	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W	1.2 NAME	Jeffrey, Thomas W
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	1.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN H	2.2 NAME	Fischer, John H.
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	VS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K	3.2 NAME	Koenigsberger, Ricardo
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	VS <input type="checkbox"/> DELETE	4.1 TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H	4.2 NAME	Langley, Marcia
STREET ADDRESS	2601 SOUTH 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	VS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VASC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLETON, CALLIS N	5.2 NAME	Cook, Paula
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	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Laguardia, John
STREET ADDRESS		6.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, Florida 33133

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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)

2

Re: AGC-SP4, Inc.

[13. Continuation]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**Title:** V  Change  Addition  
**Name:** Anness, Lisa  
**Street Address:** c/o 2601 S. Bayshore Drive  
**City, State, Zip:** Miami, Florida 33133

H:\SHARED\LEGAL\WILSON\CORPORAT.DOC\ANN-RPT.13