

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

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

04-14-1999 90203 027 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000051386**  
 1. Corporation Name  
**AGC-SP4, INC.**



Principal Place of Business 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133	Mailing Address 2601 S. BAYSHORE DRIVE ATTN: LEGAL DEPT., SUITE 900 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified <b>06/06/1997</b>	Applied For Not Applicable
4. FEI Number <b>65-0763166</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GOLDMAN, JOEL K**  
**2601 SOUTH BAYSHORE DRIVE**  
**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	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCED	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VASC	<input type="checkbox"/> DELETE
NAME	COOK, PAULA	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAGUARDIA, JOHN	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anness, Lisa D	
1.3 STREET ADDRESS	2601 S. Bayshore Drive	
1.4 CITY-ST-ZIP	Miami, Florida 33133	
2.1 TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fischer, John H	
2.3 STREET ADDRESS	2601 S. Bayshore Drive	
2.4 CITY-ST-ZIP	Miami FL 33133	
3.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Goldman, Joel K.	
3.3 STREET ADDRESS	2601 S. Bayshore Drive	
3.4 CITY-ST-ZIP	Miami FL 33133	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 4-9-99 305.859.4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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CR92E034 (11/98)