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Apr 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

65-0763166

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

FL

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

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 #

CR9E034 (11/98)