


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 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051419 (4)

1. Corporation Name
AGC-SP5, 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 2601 S. Bayshore Drive		06/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Legal Dept., Suite 900		65-0763162	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Miami, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 33133	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133		81 Name	
		82 Street Address (P.O. Box or Mailing Address)	
		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 607.0506, 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
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	VD	2.1 TITLE	VT
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	3.1 TITLE	D
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	4.1 TITLE	VAS
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	5.1 TITLE	VASC
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		6.1 TITLE	V
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 _____ 305-8594000

CR2E034 (10/97)

2

Re: AGC-SP5, 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