

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90130 048 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000058569**

1. Corporation Name  
**INDAGRO TAMPA INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**14502 NORTH DALE MABRY HIGHWAY  
 SUITE 200  
 TAMPA FL 33618**

Mailing Address  
**14502 NORTH DALE MABRY HIGHWAY  
 SUITE 200  
 TAMPA FL 33618**

3. Date Incorporated or Qualified  
**06/27/1997**

4. FEI Number  
**59-3503992** 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 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

**9. Name and Address of Current Registered Agent**

**KELLER, ALLEN S  
 13709 ATTLEY PLACE  
 TAMPA FL 33618**

**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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KELLER, ALLEN S</b>
STREET ADDRESS	<b>13709 ATTLEY PLACE</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEL CONTE, GIOVANNI</b>
STREET ADDRESS	<b>130 SYNGROU AVENUE</b>
CITY-ST-ZIP	<b>17671 ATHENS GREECE</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEL CONTE, ALESSANDRO</b>
STREET ADDRESS	<b>130 SYNGROU AVENUE</b>
CITY-ST-ZIP	<b>17671 ATHENS GREECE</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEL CONTE, THEODORE</b>
STREET ADDRESS	<b>130 SYNGROU AVENUE</b>
CITY-ST-ZIP	<b>17671 ATHENS GREECE</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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]* **SIGNATURE REQUIRED**

**4/21/99** **813-265-8893**

CR2E034 (1/98)