

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-14-1999 90154 027 ***300.00

DOCUMENT # P98000047840

1. Corporation Name
AGRICULTURAL SOLUTIONS, INC.

Principal Place of Business
6555 NW 9TH AVENUE SUITE 412
FT LAUDERDALE FL 33309

Mailing Address
6555 NW 9TH AVENUE SUITE 412
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1998

4. FEI Number

65 084 0699

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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name Robert S Yarmuth

82 Street Address (P.O. Box Number is Not Acceptable)
6555 NW 9th Ave #412

83

84 City Fort Lauderdale, FL

85 Zip Code 33309

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

3/22/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ROSEN, DAVID
STREET ADDRESS 6555 NW 9TH AVENUE SUITE 412
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE D ☐ DELETE
NAME WILLIAMS, JAMES
STREET ADDRESS 6555 NW 9TH AVENUE SUITE 412
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE D ☐ DELETE
NAME YORK, ALEN
STREET ADDRESS 6555 NW 9TH AVENUE SUITE 412
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE D ☐ DELETE
NAME YARMUTH, ROBERT S
STREET ADDRESS 6555 NW 9TH AVENUE SUITE 412
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE D ☐ DELETE
NAME YARMUTH, MELVIN J
STREET ADDRESS 6555 NW 9TH AVENUE SUITE 412
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MELVIN J YARMUTH

Date

3/22/99

Daytime Phone #

351-9200

CR2E034 (1/198)

0289124