

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90086 033 \*\*\*150.00

DOCUMENT # P98000063400

1. Corporation Name  
A.G.R. MANAGEMENT, INC.

Principal Place of Business  
7780 CAMBRIDGE MANOR PLACE  
SUITE C  
FORT MYERS FL 33907

Mailing Address  
7780 CAMBRIDGE MANOR PLACE  
SUITE C  
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

65-0867605

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

9. Name and Address of Current Registered Agent

BARSELOU, LUCILLE A  
15758 TREASURE ISLAND LANE  
FORT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name

Leo Agolli

82 Street Address (P.O. Box Number is Not Acceptable)

1700 Medical Lane

83

84 City

Ft. Myers

FL

85 Zip Code

33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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)

Director

4/15/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AGOLLI, GEZ  
STREET ADDRESS 19308 PINE GLEN DRIVE  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE VSD ☐ DELETE

NAME GINOLI, ADRIAN  
STREET ADDRESS 6041 DUVAL STREET  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME

Leo Agolli

1.3 STREET ADDRESS

11905 N.W. 12th St.

1.4 CITY-ST-ZIP

Pembroke Pines FL 33026

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 (941) 939-4144

041582

CR2E034 (11/98)