**PROFIT** CORPORATION ANNUAL REPORT

1999

P98000104891

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name AGR GRANT, INC.

FILED
SECRETARY OF STATE
FISION OF CORPORATIONS

99 SEP 27 PM 3: 44



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Frinopal Place		Mailing Address		
11015-A NORTH DALE MABRY HIGHWAY 11015-A NORTH DALE MABRY H TAMPA FL 33618 TAMPA FL 33618		ABRY HIGHWAY		
		1MM A 12 50010		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
ł				12/17/1998
2 Principal Pl	lace of Business	2a, Mailing Address		4. FEI Number X Applied For
21		26		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		\$ Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	6	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year
24	25	29	30	Intangible Personal Property. Yes X No
<u>'</u>	9 Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
ĺ			81	Name
	3. Rappaport		82	Street Address (P.O. Box Number is Not Acceptable)
1	15-A NORTH DALE MABRY HI	GHWAY	02   1	Stillet Address (F.O. Box Number is Not Acceptable)
j TAN	MPA FL 33618		83	
			84	City FI 85 Zip Code
44 Purmant	to the provisions of sections 607.05	502 and 607 1508 Florida Statute	s the shove re	amed corporation submits this statement for the purpose of changing its registered
office or i	registered agent, or both, in the Sta	ite of Florida. Such change was :	authorized by th	he corporation's board of directors. I hereby accept the appointment as registered
agent la	am familiar with, and accept the obli	igations of, section 607.0505, FI	orida Statutes.	
SIGNATURE	Signature, typed or printed name of registered as	and and title of goodlogbile.	OTE Pagistared Long	ent signature required when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	66	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  DDRESS  TIP
NAME	RAPPAPORT, A G	L_3 percie	1.2 NAME	
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C+1-51-219	TAMPA FL 33618		1.4 CITY-ST-ZI	
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14. Thereby 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 charged or on an attachment with an address.

SIGNATURE:

(SIGNATURE AND TIPE DEPRINTER NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Da

9-2.99 813 962-6525 Dale Daytone Phone #