

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

**FILED**

**May 08 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S17262 (4)**

1. Corporation Name  
**ARGEX LIMITED, INC.**

Principal Place of Business <b>8011 MONETARY DRIVE B-7 RIVIERA BEACH FL 33404 US</b>	Mailing Address <b>8011 MONETARY DRIVE B-7 RIVIERA BEACH FL 33404-1737 US</b>
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3. Date Incorporated or Qualified <b>12/10/1990</b>	3a. Date of Last Report <b>08/12/1996</b>
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2. Principal Place of Business 21 <b>13499 Miles Standish Port</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>13499 Miles Standish Port</b> Suite, Apt. #, etc.	4. FEI Number <b>13-2871049</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State <b>Palm Beach Gardens, Florida</b>	28 City & State <b>Palm Beach Gardens, Florida</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33410-1440</b>	25 Country <b>U.S.A.</b>	29 Zip <b>33410-1440</b>	30 Country <b>U.S.A.</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

**FLYNN, LORENZO H.**  
**8011 MONETARY DRIVE**  
**SUITE B-7**  
**RIVIERA BEACH FL 33404**

**10. Name and Address of New Registered Agent**

81 Name <b>Flynn, Lorenzo H.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>13499 Miles Standish Port</b>
83
84 City <b>Palm Beach Gardens</b>
85 Zip Code <b>FL 33410-1440</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLYNN, LORENZO H.</b>		1.2 NAME	
STREET ADDRESS <b>13499 MILES STANDISH PRT</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GRDNS. FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLYNN, ESTELLA V.</b>		2.2 NAME	
STREET ADDRESS <b>13499 MILES STANDISH PRT</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GRDNS. FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 to this report.

**SIGNATURE:** Lorenzo h. Flynn **April 25, 1997** **561-776-0806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0297859

CR2E034 (9/96)