

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90079 028 ***150.00

DOCUMENT # S56494

1. Corporation Name
AGX REALTY, INC.

Principal Place of Business

~~7900 GLADES ROAD~~
~~SUITE 420~~
~~BOCA RATON FL 33434~~

Mailing Address

~~7900 GLADES ROAD~~
~~SUITE 420~~
~~BOCA RATON FL 33434~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1991

4. FEI Number

65-0268257

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

21 123 NW 13TH STREET

Suite, Apt. #, etc.

22 S. 307

City & State

23 BOCA RATON FL

Zip Country

24 33432 25

2a. Mailing Address

26 123 NW 13TH STREET

Suite, Apt. #, etc.

27 S. 307

City & State

28 BOCA RATON FL

Zip Country

29 33432 30

9. Name and Address of Current Registered Agent

FRIEDMAN, ANDREW R.
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

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 ☐ DELETE

NAME PD
CORREIA, LUIZ A
STREET ADDRESS 7900 GLADES RD., STE. 300
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME VSD
BATISTA, WERNER
STREET ADDRESS 7900 GLADES RD., STE. 300
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME C
BATISTA, EIKE
STREET ADDRESS 7900 GLADES RD., STE. 300
CITY-ST-ZIP BOCA RATON FL

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 123 NW 13TH STREET
1.4 CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 123 NW 13TH STREET
2.4 CITY-ST-ZIP BOCA RATON FL 33432

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 123 NW 13TH STREET
3.4 CITY-ST-ZIP BOCA RATON FL 33432

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 561-391-7447

CR2E034 (11/98)