

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V10999 (3)**  
1. Corporation Name  
**AG INVESTORS, INC.**



Principal Place of Business: **235 SUNRISE AVE. PALM BCH FL 33480 US**  
Mailing Address: **235 SUNRISE AVE. PALM BCH. FL 33480 US**

3. Date Incorporated or Qualified: **02/03/1992**  
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business: **21 4445 N. A1A Highway**  
2a. Mailing Address: **26 4445 N. A1A Highway**

4. FEI Number: **59-3103141**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22 Suite 233**  
27. Suite, Apt. #, etc.: **27 Suite 233**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23 Vero Beach, FL**  
28. City & State: **28 Vero Beach, FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24 32963**  
Country: **25 U.S.**  
29. Zip: **29 32963**  
Country: **30 U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and block appearance (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	A/S
NAME	DAHL, ELMER J	12 NAME	Logie, Susan B.
STREET ADDRESS	NEY INDUSTRIAL PARK	13 STREET ADDRESS	Ney Industrial Park
CITY-ST-ZIP	BLOOMFIELD CT	14 CITY-ST-ZIP	Bloomfield, CT
TITLE	D	21 TITLE	
NAME	GRACE, OLIVER JR.	22 NAME	
STREET ADDRESS	515 MADISON AVE., 20FL	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D
NAME	BAKER, FRANCIS E	32 NAME	Baker, Francis E.
STREET ADDRESS	235 SUNRISE AVE.	33 STREET ADDRESS	4445 N. A1A Highway
CITY-ST-ZIP	PALM BCH. FL	34 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	P	41 TITLE	
NAME	GRACE, JR. O	42 NAME	
STREET ADDRESS	515 MADISON AVENUE, 20TH FLOOR	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	TS	51 TITLE	T/S
NAME	BAKER, FRANCIS E	52 NAME	Baker, Francis E.
STREET ADDRESS	235 SUNRISE AVE.	53 STREET ADDRESS	4445 N. A1A Highway
CITY-ST-ZIP	PALM BCH. FL	54 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	A/S
NAME	DAHL, ELMER J	12 NAME	Logie, Susan B.
STREET ADDRESS	NEY INDUSTRIAL PARK	13 STREET ADDRESS	Ney Industrial Park
CITY-ST-ZIP	BLOOMFIELD CT	14 CITY-ST-ZIP	Bloomfield, CT
TITLE	D	21 TITLE	
NAME	GRACE, OLIVER JR.	22 NAME	
STREET ADDRESS	515 MADISON AVE., 20FL	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D
NAME	BAKER, FRANCIS E	32 NAME	Baker, Francis E.
STREET ADDRESS	235 SUNRISE AVE.	33 STREET ADDRESS	4445 N. A1A Highway
CITY-ST-ZIP	PALM BCH. FL	34 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	P	41 TITLE	
NAME	GRACE, JR. O	42 NAME	
STREET ADDRESS	515 MADISON AVENUE, 20TH FLOOR	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	TS	51 TITLE	T/S
NAME	BAKER, FRANCIS E	52 NAME	Baker, Francis E.
STREET ADDRESS	235 SUNRISE AVE.	53 STREET ADDRESS	4445 N. A1A Highway
CITY-ST-ZIP	PALM BCH. FL	54 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francis E. Baker Francis E. Baker 6/13/96 (860) 242-0761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)