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PROFIT CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V15421

(3)

AGC HOMES, INC. Principal Place of Business Mailing Address 2801 S BAYSHORE DR. 2601 S BAYSHORE DR. 9TH FLOOR 9TH FLOOR MIAMI FL 33133-5412 MIAMI FL 33133-5461 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1992 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0327377 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 24 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 LANGLEY, MARCIA H GOLDMAN 2601 S BAYSHORE DR. Street Address (P.O. Box Number is Not Acceptable) 82 9TH FLOOR MIAMI FL 33133-5461 84 Zip Code 33/33 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-hamed 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. K. Goldman loe l SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. V/3/D VAS DELETE Change Addition TITLE 1.1 TITLE GOLDMAN, JOEL K. GOLDMAN, JOEL K. NAME 1.2 NAME 2601 S. BAYPHORE DE 2601 S BAYSHORE DR 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33133 mit mi CITY - ST - ZIP 1.4 CITY-ST-ZIP Change DELETE VSD 2.1 TITLE Addition THE FISCHER, John H. DR. 2601 S. BAYShore DR. LANGLEY, MARCIA H. NAME 2.2 NAME 2601 S. BAYSHORE DRIVE 2.3 STREET ADDRESS STREET ADDRESS m: Am + 4 33123 **MIAMI FL 33133** 2. 4 CITY - ST - ZIP CHY-ST-ZIP V/c/AS DELETE Change Addition 3 1 TITLE TITLE CARLETONI CALLIS JEFFREY, THOMAS W. NAME 3.2 NAME 2601 S. BAYShule De 2601 S. BAYSHORE DRIVE STREET ADDRESS **3.3 STREET ADDRESS** Mik mi **MIAMI FL 33133** CHTY-S1-ZIP 34. CITY-ST-ZIP DELETE VIAS . Change Addition TITLE 41 TITLE MARCIA H. LANGLEY, MARCIA III. 2601 S. BAYSHORE DR FISCHER, JOHN H. NAME 4.2 NAME 2601 S. BAYSHORE DRIVE STREET ADDRESS 4.3 STREET ADDRESS FL 37133 MIAMI FL Minm 4.4 CITY-ST-ZIP CITY - S1 - ZIP Change DELETE Addition 5.1 TITLE TITLE CARLETON, CALLIS N. 5.2 NAME 2601 S BAYSHORE DR STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL 33133 D-17 - S1 - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 ind-cated 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

Joel K. Goldman