


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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 FEB 18 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # V15421 (3)**

1. Corporation Name  
**AGC HOMES, INC.**

Principal Place of Business <b>2601 S BAYSHORE DR. 9TH FLOOR MIAMI FL 33133-5461</b>	Mailing Address <b>2601 S BAYSHORE DR. 9TH FLOOR MIAMI FL 33133-5461</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b>	2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b>	2a. Mailing Address Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country

<b>3.</b> Date Incorporated or Qualified <b>02/14/1992</b>	
<b>4.</b> FEI Number <b>65-0327377</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**GOLDMAN, JOEL K  
2601 S BAYSHORE DR.  
9TH FLOOR  
MIAMI FL 33133-5461**

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

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K.	1.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	1.3 STREET ADDRESS	<b>600002435716--6</b>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<b>-02/19/98--01104--021</b>
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H.	2.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W.	3.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	VDT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN H.	4.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VCAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLETON, CALLIS N.	5.2 NAME	VCAS
STREET ADDRESS	2601 S BAYSHORE DR	5.3 STREET ADDRESS	Cook, Paula
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	2601 S. Bayshore Drive
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V
NAME		6.2 NAME	Laguardia, John
STREET ADDRESS		6.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, Florida 33133

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)