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

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**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 FEB 18 PM 3: 34 **DOCUMENT #** V15421 (3) SECRETARY OF STATE TALLAHASSEE, FLORIDA AGC HOMES, INC. Principal Place of Business Mailing Address 2601 S BAYSHORE DR 2601 S BAYSHORE DR. 9TH FLOOR 9TH FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33133-5461 MIAMI FL 33133-5461 3. Date Incorporated or Qualified 02/14/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0327377 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ΠNo 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name GOLDMAN, JOEL K 2601 S BAYSHORE DR. 82 Street Address (P.O. Box Number is Not Acceptable) 9TH FLOOR 83 MIAMI FL 33133-5461 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. VSD DELETE Change TITLE 1.1 TITLE Addition GOLDMAN, JOEL K. NAME 1.2 NAME 600002435716--6 2601 S BAYSHORE DR STREET ADDRESS 1.3 STREET ADDRESS -02/19/98--01104--021 MIAMI FL \*\*\*\*158.75 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE LANGLEY, MARCIA H. NAME 2.2 NAME 2601 S. BAYSHORE DRIVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition nP 3.1 TITLE TITLE JEFFREY, THOMAS W. NAME 3.2 NAME 2601 S. BAYSHORE DRIVE STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33133** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME FISCHER, JOHN H. 4. 2 NAME STREET ADDRESS 2601 S. BAYSHORE DRIVE 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE A Addition TITLE VCAS 51 TITLE Cook, Paula CARLETON, CALLIS N. NAME 5.2 NAME 2601 S. Bayshore Drive 2601 S BAYSHORE DR 5.3 STREET ADDRESS STREET ADDRESS Miami, Florida 33133 MIAMI FL 5.4 CITY - ST - ZIP CITY-ST-7IP DELETE 6.1 TITLE Change Addition TITLE Laguardia, John NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 2601 S.Bayshore Drive 64 CITY-ST-ZIP M1am1, 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)(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.