

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

DOCUMENT # V20030

Corporation Name
ARGO, INC.

FILED

00 MAY -3 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
LANTANA ROAD
FL 33462

Mailing Address
445 WEST LANTANA ROAD
#5
LANTANA FL 33462
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business
15-7 WHITNEY AVE
Apt. #, etc.

2a. Mailing Address
26 615-7 WHITNEY NE
Suite, Apt. #, etc.

27

City & State
28 LANTANA FL

Country
29 FL 33462 30

3. Date Incorporated or Qualified
03/09/1992

4. FEI Number
65-0319023

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PAJAMAKI, TIMO
511 N 5TH ST
LANTANA FL 33466

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

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 title if applicable		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	PD PAJAMAKI, TIMO M	1.1 TITLE	
2. ADDRESS	511 N. 5TH ST.	1.2 NAME	
3. ST-ZIP	LANTANA FL 33462	1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	308003260053
4. ADDRESS		2.1 TITLE	-05/19/00--01111--001
5. ST-ZIP		2.2 NAME	****150.00 ****150.00
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
6. ADDRESS		2.4 CITY-ST-ZIP	
7. ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME	
8. ADDRESS		3.3 STREET ADDRESS	
9. ST-ZIP		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ADDRESS		4.2 NAME	
11. ST-ZIP		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
12. ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. ST-ZIP		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
14. ADDRESS		5.4 CITY-ST-ZIP	
15. ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME	
16. ADDRESS		6.3 STREET ADDRESS	
17. ST-ZIP		6.4 CITY-ST-ZIP	

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: [Signature] T. PAJAMAKI

1/7/99 (561) 547-3668

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CR2E034 (1/1/98)

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