

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V46919 (9)
 Corporation Name
A.G. BUSINESS CO.



Principal Place of Business 500 BAY VIEW DRIVE #221 N. MIAMI BCH. FL 33160	Mailing Address 500 BAY VIEW DRIVE #221 N. MIAMI BCH. FL 33160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19208 N E 25 Avenue	2a. Mailing Address 26 19208 N E 25 Avenue
22 Suite, Apt. #, etc. #303	27 #303
23 City & State North Miami Beach, FL	28 City & State North Miami Beach, FL
24 Zip 33180	29 Zip 33180
25 Country	30 Country

3. Date Incorporated or Qualified 06/22/1992	4. FEI Number 65-0431203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. 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

FRANK, GREGORY
 500 BAYVIEW DR
 STE 221
 NO MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81 Name Ella Frank
82 Street Address (P.O. Box Number Is Not Acceptable) 19208 N E 25 Avenue #303
83
84 City North Miami Beach FL
85 Zip Code 33180

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]* Ella Frank DATE 2/28/98

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	FRANK, GREGORY	
STREET ADDRESS	500 BAYVIEW DR #221	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	D / P	<input type="checkbox"/>
NAME	FRANK, ELLA	
STREET ADDRESS	500 BAYVIEW DR #221	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE: Ella Frank *[Signature]* Feb 28, 1998

CFR2034 (10/97)