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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:06

DOCUMENT # V48651 (6)

1. Corporation Name
AG 1981, INC.

Principal Place of Business	Mailing Address
175 NW FIRST AVE SUITE 1100 MIAMI FL 33128-1835	175 NW FIRST AVE SUITE 1100 MIAMI FL 33128-1835

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/08/1992
3a. Date of Last Report: 04/11/1994
4. FEI Number: 65-0362579 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 100 S.E. 2nd Street	26 100 S.E. 2nd Street
Suite, Apt. #, etc. 22 17th Floor	Suite, Apt. #, etc. 27 17th Floor
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33131 · Country 25	Zip 29 33131 · Country 30

9. Name and Address of Current Registered Agent

ALTMAN, STUART H.
175 NW FIRST AVE
SUITE 1100
MIAMI FL 33128-1835

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street
83 17th Floor
84 City MIAMI FL 85 Zip Code 33131

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~RTD~~
NAME	~~HAND, DONALD B~~
STREET ADDRESS	~~8880 NW 20TH STREET, STE E~~
CITY-ST-ZIP	~~MIAMI FL~~
TITLE	~~SD VP DT~~
NAME	~~POMARES, ANGELO~~
STREET ADDRESS	~~8880 N.W. 20TH ST., STE. E~~
CITY-ST-ZIP	~~MIAMI FL~~
TITLE	S
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	HONEY, J.KIMPTON	
1.3 STREET ADDRESS	8601 N.W. 81st Rd. Suite 4	
1.4 CITY-ST-ZIP	Medley, FL 33166	
2.1 TITLE	VPDT	☐ Change ☐ Addition
2.2 NAME	LYONS, WILLIAM K.	
2.3 STREET ADDRESS	8601 N.W. 81st Rd SUITE 4	
2.4 CITY-ST-ZIP	MEDLEY,FL 33166	
3.1 TITLE	S	☐ Change ☐ Addition
3.2 NAME	CAUDELL, JEAN	
3.3 STREET ADDRESS	8601 N.W. 81st Rd SUITE 4	
3.4 CITY-ST-ZIP	MEDLEY, FL 33166	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William K Lyons V.P. William K Lyons — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-2-95 Daytime Phone #: 305 888-2988

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