

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P37571 (7)  
1. Corporation Name  
A.G.I.A., INC.



Principal Place of Business: 1155 EUGENIA PLACE CARPINTERIA CA 93013  
Mailing Address: 1155 EUGENIA PLACE CARPINTERIA CA 93013

3. Date Incorporated or Qualified: 02/17/1992  
3a. Date of Last Report: 03/31/1995  
4. FEI Number: 95-2409500  
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: 21 No change  
2a. Mailing Address: 26 No change  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent: CROCKET, LAURISTON LEE, 7104 FLORIDANA AVENUE, FLORIDANA BEACH FL 32951  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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 resigning) DATE:

| 12. OFFICERS AND DIRECTORS  |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
|---|---------------------------------|---|
| TITLE: DCP<br>NAME: PERRY, ARTHUR L., JR.<br>STREET ADDRESS: 6957 SHEPARD MESA RD.<br>CITY-ST-ZIP: CARPINTERIA CA | <input type="checkbox"/> DELETE | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| TITLE: VP<br>NAME: PUCHMELTER, THOMAS JOHN<br>STREET ADDRESS: 3913 CAMELLIA LANE<br>CITY-ST-ZIP: SANTA BARBARA CA | <input type="checkbox"/> DELETE | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| TITLE: ST<br>NAME: CAPRITTO, JULIETTE L.<br>STREET ADDRESS: 2625 SAMARKIND DR.<br>CITY-ST-ZIP: SANTA BARBARA CA   | <input type="checkbox"/> DELETE | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| TITLE: <input type="checkbox"/> DELETE  | <input type="checkbox"/> DELETE | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE: <input type="checkbox"/> DELETE  | <input type="checkbox"/> DELETE | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
| TITLE: <input type="checkbox"/> DELETE  | <input type="checkbox"/> DELETE | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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, changed, or on an attachment with an address.

SIGNATURE: *Arthur L. Perry Jr.* ARTHUR L. PERRY, Jr., PRESIDENT 3/12/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)