

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

FILED

**Mar 31 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 02/17/1992	
4. FEI Number 95-2409500	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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERRY, ARTHUR L., JR.	
STREET ADDRESS	6957 SHEPARD MESA RD.	
CITY-ST-ZIP	CARPINTERIA CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PUCHMELTER, THOMAS JOHN	
STREET ADDRESS	3913 CAMELLIA LANE	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAPRITTO, JULIETTE L.	
STREET ADDRESS	1914 COYOTE CIRCLE	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCARTY, DAVID H	
STREET ADDRESS	8728 NORWOOD LANE NO	
CITY-ST-ZIP	MAPLE GROVE MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROTH, STEVEN J	
STREET ADDRESS	5459 PALACE CRT	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEIXEL, MARILYN L	
STREET ADDRESS	5422 THRONE COURT	
CITY-ST-ZIP	SANTA BARBARA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kimberly Gonzales	
1.3 STREET ADDRESS	98 Santa Cruz Way	
1.4 CITY-ST-ZIP	Camarillo CA 93010	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____

CR2E034 (10/97)