

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90099 021 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P37571**

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	3. Date Incorporated or Qualified 02/17/1992	4. FEI Number 95-2409500	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
22. City & State	27. City & State	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Zip Country	28. Zip Country			
24. Zip	25. Country	29. Zip	30. Country	

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 **FL** 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 \_\_\_\_\_ (NO) E. Registered Agent signature required when reinstating \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, ARTHUR L., JR.	1.2 NAME	Kimberly Gonzales
STREET ADDRESS	6957 SHEPARD MESA RD.	1.3 STREET ADDRESS	98 Santa Cruz
CITY-ST-ZIP	CARPINTERIA CA	1.4 CITY-ST-ZIP	Camarillo CA
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCHMELTER, THOMAS JOHN	2.2 NAME	
STREET ADDRESS	3913 CAMELLIA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRITTO, JULIETTE L.	3.2 NAME	
STREET ADDRESS	1914 COYOTE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTY, DAVID H	4.2 NAME	
STREET ADDRESS	8728 NORWOOD LANE NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAPLE GROVE MN	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, STEVEN J	5.2 NAME	
STREET ADDRESS	5459 PALACE CRT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIXEL, MARILYN L	6.2 NAME	
STREET ADDRESS	5422 THRONE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juliette L. Capritto Juliette L. Capritto 4-20-99 (805) 566-9191  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)