

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1996** 1998



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

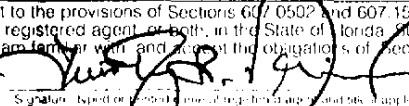
DOCUMENT # P97000083192
 1. Corporation Name
AGILITY INDUSTRIES, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 21 534 Davis Lake Drive		2a. Mailing Address 26 534 Davis Lake Drive		3. Date Incorporated or Qualified September 24, 1997	3a. Date of Last Report
22 Suite, Apt #, etc		27 Suite, Apt #, etc		4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
23 City & State Oxford, MI		28 City & State Oxford, MI		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 48371	25 Country	29 Zip 48371	30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

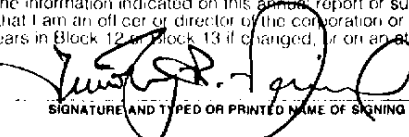
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name Timothy B. Perenich, Esquire			
				82 Street Address (P.O. Box Number is Not Acceptable) 180 Alternate 19 North			
				83			
				84 City Palm Harbor,	85 State FL	Zip Code 34683	

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:  **Timothy B. Perenich, Registered Agent** April 30, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Stephen M. Perenich
STREET ADDRESS		1.3 STREET ADDRESS	534 Davis Lake Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Oxford, MI 48371
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Timothy B. Perenich
STREET ADDRESS		2.3 STREET ADDRESS	180 Alternate 19 North
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	Terence A. Perenich
STREET ADDRESS		3.3 STREET ADDRESS	534 Davis Lake Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Oxford, MI 48371
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	100002524221 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/14/98--01112--021
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		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:  **Timothy B. Perenich, Vice President**
 Date: **April 30, 1998**
 Daytime Phone #: **(813) 934-9655**

CR2E034 (12/95)