


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90003 006 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000083192**  
 1. Corporation Name  
**AGILITY INDUSTRIES, INC.**



Principal Place of Business <del>534 DAVIS LAKE DRIVE</del> OXFORD MI 48371 US	Mailing Address <del>534 DAVIS LAKE DRIVE</del> OXFORD MI 48371 US
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DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**09/24/1997**

2. Principal Place of Business 21 <b>1079 YALE DR.</b>	2a. Mailing Address 26 <b>1079 YALE DR.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>OXFORD MI</b>	28 City & State <b>OXFORD MI</b>
24 Zip <b>48371</b>	25 Country <b>OAKLAND</b>
29 Zip <b>48371</b>	30 Country <b>OAKLAND</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PERENICH, TIMOTHY B ESQ.**  
**180 ALTERNATE 19 NORTH**  
**PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE
NAME	<b>PERENICH, STEPHEN M</b>
STREET ADDRESS	<b>534 DAVIS LAKE DRIVE</b>
CITY-ST-ZIP	<b>OXFORD MI 48371</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PERENICH, TERENCE A</b>
STREET ADDRESS	<b>534 DAVIS LAKE DRIVE</b>
CITY-ST-ZIP	<b>OXFORD MI 48371</b>
TITLE	<b>VPO</b> <input type="checkbox"/> DELETE
NAME	<b>PERENICH, TIMOTHY B</b>
STREET ADDRESS	<b>29 NORTH PINELLAS AVE.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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: \_\_\_\_\_ **SIGNATURE REQUIRED** 9/14/99 (248) 628-5450

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CR2E034 (5/99)