

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L34072** (3)

1. Corporation Name
CAMBRIDGE REAL ESTATE GROUP, INC.



Principal Place of Business: **600 SEAGATE DRIVE SUITE 201 NAPLES FL 33940**
Mailing Address: **600 SEAGATE DRIVE SUITE 201 NAPLES FL 33940**

3. Date Incorporated or Qualified: **12/01/1989**
3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2073 J & C Boulevard	26 2073 J & C Boulevard	65-0162822	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Naples, Florida	28 Naples, Florida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33942	25 USA	29 33942	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BRUGGER, JOHN N.
600 FIFTH AVENUE SOUTH
SUITE 210
NAPLES FL 33940

81 Name: **John N. Brugger**
82 Street Address (P.O. Box Number is Not Acceptable): **600 Fifth Avenue South**
83 Suite: **Suite 207**
84 City: **Naples** FL 85 Zip Code: **33940**

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: **April 2, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WILLYAM	12 NAME	WALLACE, STUART M.
STREET ADDRESS	600 SEAGATE DR STE 201	13 STREET ADDRESS	2073 J & C Boulevard
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, Florida 33942
TITLE	<input checked="" type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, RODERICK	22 NAME	KALB, MARCIA R.
STREET ADDRESS	600 SEAGATE DR STE 201	23 STREET ADDRESS	600 Fifth Ave. S., #207
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples, Florida 33940
TITLE	<input checked="" type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUGGER, JOHN	32 NAME	SLAVICH, WILLIAM L.
STREET ADDRESS	600 FIFTH AVE SOUTH	33 STREET ADDRESS	2073 J & C Boulevard
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, Florida 33942
TITLE	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, STUART M.	42 NAME	BRUGGER, JOHN N.
STREET ADDRESS	600 SEAGATE DR STE 201	43 STREET ADDRESS	600 Fifth Ave. S., #207
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, Florida 33940
TITLE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR
Stuart M. Wallace, President

(941) 514-0333 April 2, 1996

CR2E034 (12/95)