

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

FILED
May 28 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 # L39864 (8)
1. Corporation Name
CBG & ASSOCIATES, INC.



Principal Place of Business
3401 NE 17 TERR
FT. LAUDERDALE FL 33334

Mailing Address
3401 NE 17 TERR
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3221 NW 10 TERR Suite, Apt. #, etc. 22 SUITE 502 City & State 23 FT LAUDERDALE FL Zip 24 33309		2a. Mailing Address 26 3221 NW 10 TERR Suite, Apt. #, etc. 27 SUITE 502 City & State 28 FT LAUDERDALE FL Zip 29 33309		3. Date Incorporated or Qualified 12/27/1990	
				4. FEI Number 59-2987288	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

COHEN, PHILIP A.
3401 NE 17 TERRACE
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name COHEN, PHILIP A.
82 Street Address (P.O. Box Number is Not Acceptable)
3221 NW 10 TERR
83 SUITE 502
84 City FT LAUDERDALE FL 85 Zip Code 33309

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

Signature (Typed or printed name of registered agent and filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	COHEN, PHILIP A.	1.2 NAME	COHEN, PHILIP A.
STREET ADDRESS	3401 NE 17 TERR	1.3 STREET ADDRESS	3221 NW 10 TERR SUITE 502
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	300002543533
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-06/02/98--01019--032
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

4/29/98 954 537A040

CR2E034 (10/97)