

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35089 (2)

1. Corporation Name
CARGOR, INC.



Principal Place of Business: **5750 MIDNIGHT PASS RD SUITE 420E SARASOTA FL 34242 US**
Mailing Address: **5750 MIDNIGHT PASS RD SUITE 420E SARASOTA FL 34242 US**

3. Date Incorporated or Qualified: **08/14/1991**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **65-0274754**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country

9. Name and Address of Current Registered Agent
**JACOBSON, GORDON O
5750 MIDNIGHT PASS RD
SUITE 420E
SARASOTA FL 34242**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 607.0506, Florida Statutes.

SIGNATURE: _____ Signature typed or printed name of registered agent or director _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, GORDON O.	2. NAME	
STREET ADDRESS	5750 MIDNIGHT PASS ROAD	3. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4. CITY-ST-ZIP	
TITLE	T	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, GORDON O.	6. NAME	
STREET ADDRESS	5750 MIDNIGHT PASS ROAD	7. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	8. CITY-ST-ZIP	
TITLE	VP	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICK, DAVID	10. NAME	
STREET ADDRESS	2000 ALAMEDA	11. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. 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: *Gordon O. Jacobson*
Gordon O. Jacobson
Signature typed or printed name of signing officer or director

4-29-96 941-349-7641
Date Daytime Phone #

CR2E034 (12/95)