

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000014351 (7)**

1. Corporation Name  
**CB USA PROPERTY DEVELOPMENT CORPORATION**



Principal Place of Business  
**140 ELDORADO PKWY SW  
CAPE CORAL FL 33914**

Mailing Address  
**140 ELDORADO PKWY SW  
CAPE CORAL FL 33914**

3. Date Incorporated or Qualified <b>02/20/1995</b>	3a. Date of Last Report
4. FET Number <b>650555586</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**SHULTZ, RUSSEL H  
140 ELDORADO PKWY SW  
CAPE CORAL FL 33914**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.05(12) 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 607.05(6), Florida Statutes.

SIGNATURE

Signature (typed or printed name of officer or director) (NOTE: Registered Agent signature required when registering) DATE

**12. OFFICERS AND DIRECTORS**

<input type="checkbox"/> DELETE	1. TITLE	<b>D</b>
	2. NAME	<b>BORGSMANN, CLAUS</b>
	3. STREET ADDRESS	<b>GAADT 7-9 25892 WESTERLAND/SYLT</b>
	4. CITY-STATE-ZIP	<b>GERMANY</b>
<input type="checkbox"/> DELETE	2. TITLE	
	2. NAME	
	3. STREET ADDRESS	
	4. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE	3. TITLE	
	3. NAME	
	3. STREET ADDRESS	
	4. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE	4. TITLE	
	4. NAME	
	4. STREET ADDRESS	
	4. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE	5. TITLE	
	5. NAME	
	5. STREET ADDRESS	
	5. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE	6. TITLE	
	6. NAME	
	6. STREET ADDRESS	
	6. CITY-STATE-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition	1. TITLE	
	2. NAME	
	3. STREET ADDRESS	
	4. CITY-STATE-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2. TITLE	
	2. NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-STATE-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3. TITLE	
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-STATE-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4. TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-STATE-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5. TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-STATE-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6. TITLE	
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-STATE-ZIP	

14. I 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
**CLAUS BORGSMANN**

Date: **1-22-96** 941 542-11146  
Daytime Phone #

CR2E034 (12/95)