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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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 33914-7172

2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24

26 Suite, Apt. #, etc
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report
01/30/1996

4. FEI Number
65-0555586

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.09(2) and 607.11(3), 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 obligation of, Section 607.01(5), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to file this report on behalf of the corporation

Signature of the person who is authorized to file this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
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TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
BORGMANN, CLAUD
GAADT 7-9 25892 WESTERLAND/SYLT
GERMANY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
15 TITLE Change Addition
16 NAME
17 STREET ADDRESS
18 CITY- ST- ZIP
19 TITLE Change Addition
20 NAME
21 STREET ADDRESS
22 CITY- ST- ZIP
23 TITLE Change Addition
24 NAME
25 STREET ADDRESS
26 CITY- ST- ZIP
27 TITLE Change Addition
28 NAME
29 STREET ADDRESS
30 CITY- ST- ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
35 TITLE Change Addition
36 NAME
37 STREET ADDRESS
38 CITY- ST- ZIP
39 TITLE Change Addition
40 NAME
41 STREET ADDRESS
42 CITY- ST- ZIP
43 TITLE Change Addition
44 NAME
45 STREET ADDRESS
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47 TITLE Change Addition
48 NAME
49 STREET ADDRESS
50 CITY- ST- ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
55 TITLE Change Addition
56 NAME
57 STREET ADDRESS
58 CITY- ST- ZIP
59 TITLE Change Addition
60 NAME
61 STREET ADDRESS
62 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exception 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:

CR2E084 (9/96)