

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000037891 (5)**

1. Corporation Name
CGT PROPERTIES, INC.



Principal Place of Business: **777 SOUTH FLAGLER DRIVE STE 310 WEST PALM BEACH FL 33401**
Mailing Address: **777 SOUTH FLAGLER DRIVE STE 310 WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **05/12/1995**
3a. Date of Last Report: **Initial Year**
4. FEE Number: 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

2. Principal Place of Business: **777 S. Flagler Drive 1101 West Palm Beach, FL 33401 USA**
2a. Mailing Address: **777 S. Flagler Drive 1101 West Palm Beach, FL 33401 USA**

9. Name and Address of Current Registered Agent

**BREGMAN, HOWARD
777 SOUTH FLAGLER DRIVE STE 310
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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, Title, Office, and Date of Signature of Registered Agent (Required) DATE

12. OFFICERS AND DIRECTORS	
TITLE	President & Treasurer <input type="checkbox"/> DELETE
NAME	Craig M. Bachove
STREET ADDRESS	c/o The Goodman Co.
CITY- ST- ZIP	777 S. Flagler Dr., WPB, FL 33401
TITLE	Vice President & Secretary <input type="checkbox"/> DELETE
NAME	Minnie S. Geist
STREET ADDRESS	c/o The Goodman Co.
CITY- ST- ZIP	777 S. Flagler Dr. WPB, FL 33401
TITLE	Assistant Secretary <input type="checkbox"/> DELETE
NAME	Doranne M. Garvin
STREET ADDRESS	c/o The Goodman Co.
CITY- ST- ZIP	777 S. Flagler Dr., WPB, FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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:

Craig M. Bachove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Craig M. Bachove

3-15-96 407-833-3777
Date Date of Filing

CR2E034 (12/95)