

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

FILED

May 15 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 # 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 S. FLAGLER DRIVE
SUITE 1101
WEST PALM BEACH FL 33401-6161
US

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report
03/21/1996

4. FEI Number
APPLIED FOR 65-0649860

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

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

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country

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
GARRY L. WITT

82 Street Address (PO Box Number is Not Acceptable)
777 S. FLAGLER DRIVE

83 SUITE 1101 E

84 City
WEST PALM BEACH FL

85 Zip Code
33401

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]* GARRY L. WITT DATE: 4/30/97

(NOTE: Registered agent signature required when relating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	BACHOVE, CRAIG	
STREET ADDRESS	777 S FLAGLER DRIVET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GEIST, MINNIE S.	
STREET ADDRESS	777 S FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARVIN, DORRANE	
STREET ADDRESS	777 S FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WITT, GARRY L.	
1.3 STREET ADDRESS	777 S. FLAGLER DR, STE 1101 E	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARVIN, DORANNE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* MINNIE S. GEIST DATE: 4/30/97 (561) 833-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)