**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P95000037891

1. Corporation Name

CGT PROPERTIES, INC.

Principal Place	of Business	Mailing Address				
777 SOUTH FLAGLER DRIVE STE 310 WEST PALM BEACH FL 33401		777 S. FLAGLER DRIVE SUITE 1101 WEST PALM BEACH FL 3340	1		E IN THIS SPACE	
		US		<ol> <li>Date Incorporated or Qualified</li> <li>05/12/1995</li> </ol>		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
21		26		65-0649854		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	IX *	Additional equired
City & State	е	City & State		6. Election Campaign Financing	1 1	May Be to Fees
Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation owes the current		to rees
24	25	29 3	¬ ´	Personal Property Tax.	X Yes	□No
[24]	9. Name and Address of Current	1-11		10. Name and Address of New Re	gistered Agent	
\A/ITT	CAPRVI			awrence A. Silvestri		
WITT, GARRY L 777 S FLAGLER DR		82 Street Ad	dress (P.O. Box Number is Not Acceptable 77 S. Flagler Drive St	ole) uite llOlE		
SUITE 1101E		83				
WEST PALM BEACH FL 33401		84 City		FI 85 Zip	Code	
	60 41 007 0500	LOGATOR Flyide Chattate	W a share named as	lest Palm Beach,		33401 registered
11, Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	: and 607.1508, Florida Statutes if Florida. Such change was autl	horized by the corpora	ition's board of directors. I hereby accept	the appointment as re	egistered
agent. 1 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes	6 GO 1	al la	
agent. 1 a	m familiar with, and accept the obligate  Lawrence A. Silves:	tri, Esquire d	Lawrence d	a silvesti-	4/27/58	
SIGNATURE	Lawrence A. Silves:  Signature, typed or printed name of registered agent	tri, Esquire (NOTE R	egistered Agent signature requ	a silvest- ired when reinstating)	4/27/58 DATE	
agent. I a	Lawrence A. Silves: Signature, typed of printed name of registered agent OFFICERS AND	tri, Esquire (NOTE R	egistered Agent signature requ	a silvesti-	4/27/58 DATE	
SIGNATURE	Lawrence A. Silves: Signature, typed or printed name of registered agent OFFICERS AND	tri, Esquire (note: R  D DIRECTORS	ogislared Agent signature requ  13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFI PT Silvestri, Lawrence A	DATE DATE CHANGE	DRS IN 12
SIGNATURE  12.	Lawrence A. Silves: Signature, typed of printed name of registered agent OFFICERS AND	tri, Esquire / and title if applicable. (NOTE: R) DIRECTORS X DELETE	as Signities.  Approved Agent signature required agent signature required agent signature required at 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFI PT Silvestri, Lawrence A 777 S. Flagler Drive	DATE DATE CHANGE	DRS IN 12
SIGNATURE  12.  TITLE  NAME	Lawrence A. Silves: Signature, typed or printed name of registered agent OFFICERS AND PT WITT, GARRY L	tri, Esquire ( and title if applicable (NOTE: R D DIRECTORS X DELETE	agistared Agent signature requ  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI PT Silvestri, Lawrence A 777 S. Flagler Drive	DATE  ICERS AND DIRECTO  Change  suite 1101E 33401	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Lawrence A. Silves Signature, typed or printed name of registered agent OFFICERS AND PT WITT, GARRY L 777 S FLAGLER DR., SUITE 110 WEST PALM BEACH FL VPS	tri, Esquire / and title if applicable. (NOTE: R) DIRECTORS X DELETE	agistred Agent signature requ  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFI PT Silvestri, Lawrence A 777 S. Flagler Drive	DATE  ICERS AND DIRECTO  Change  suite 1101E	DRS IN 12
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AGENT. 1 al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lawrence A. Signature, the obligate  Lawrence A. Signature, typed of printed name of registered agent  OFFICERS AND  PT  WITT, GARRY L  777 S FLAGLER DR., SUITE 110  WEST PALM BEACH FL  VPS  GEIST, MINNIE S.  777 S FLAGLER DRIVE  WEST PALM BEACH FL  AS  GARVIN, DORANNE  777 S FLAGLER DRIVE  WEST PALM BEACH FL  AS  GARVIN, DORANNE  777 S FLAGLER DRIVE  WEST PALM BEACH FL  AT  SHEWALTER, WILLIAM A	Tri, Esquire (NOTE: R)  Inditite if applicable. (NOTE: R)  D DIRECTORS  X DELETE  DELETE  DELETE	agistared Agent signature required agent age	ADDITIONS/CHANGES TO OFFI PT Silvestri, Lawrence A 777 S. Flagler Drive	DATE   Change	DRS IN 12  Addition  Addition
AGENT. 1 al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Lawrence A. Signature, yiped of printed name of registered agent OFFICERS AND PT WITT, GARRY L 777 S FLAGLER DR., SUITE 110 WEST PALM BEACH FL VPS GEIST, MINNIE S. 777 S FLAGLER DRIVE WEST PALM BEACH FL AS GARVIN, DORANNE 777 S FLAGLER DRIVE WEST PALM BEACH FL AT SHEWALTER, WILLIAM A 777 S FLAGLER DR, SUITE 110	Tri, Esquire / and title if applicable. (NOTE: R) DIRECTORS X DELETE  DELETE  DELETE	agistered Agent signature required Agent A	ADDITIONS/CHANGES TO OFFI PT Silvestri, Lawrence A 777 S. Flagler Drive	DATE TO DIRECTO Change  Suite 1101E 33401 Change	DRS IN 12
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14. I 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 five 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 of truetee 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 lar attachment with a recidency, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

or DIRECTOR ant Treasurer

(561) 833-3777

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90034 029 \*\*\*158.75

Daytime Phone #