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Mar 11 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 # **G09631** (4)
1. Corporation Name
CONSUMER PRODUCTS GROUP, INC.



Principal Place of Business
**4810 EXECUTIVE PAR CT.
JACKSONVILLE FL 32216**

Mailing Address
**4810 EXECUTIVE PAR CT.
JACKSONVILLE FL 32216-6069**

3. Date Incorporated or Qualified 11/23/1982	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2238620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL W BURGESS	1.2 NAME	
STREET ADDRESS	8787 SOUTHSIDE BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, BRUCE H.	2.2 NAME	
STREET ADDRESS	11 BITTERSWEET LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	WILBRAHAM MA	2.4 CITY- ST- ZIP	
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCARO, CARMEN J.	3.2 NAME	
STREET ADDRESS	23 HARVEST HILL ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	WEST SIMSBURY CT	3.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK I COHEN	4.2 NAME	
STREET ADDRESS	12 MONTGOMERY ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTH HAMPTON MA	4.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, CAROLYN S.	5.2 NAME	
STREET ADDRESS	115 WAYNE STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	SPRINGFIELD MA	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark I Cohen Asst Sec'y 3/6/97

Daytime Phone #

CR2E034 (9/96)

CONSUMER PRODUCTS GROUP, INC.

#59-2238620

LIST OF OFFICERS

Michael W. Burgess	President & CEO	8787 Southside Blvd., Unit 2010 Jacksonville, FL 32256
Bruce H. Wyatt	Secretary	11 Bittersweet Lane Wilbraham, MA 01095
Carmen J. Mascaro	Assistant Treasurer	23 Harvest Hill Road West Simsbury, CT 06092
Mark I. Cohen	Assistant Secretary	12 Montgomery Road Southampton, MA 01073
Carolyn S. Gibson	Assistant Secretary	22 Church Common Road Shelburne, MA 01370

DIRECTORS

Allan G. Keirstead	26 Longfellow Road	Holyoke, MA 01040
Michael W. Burgess	8787 Southside Blvd.	Jacksonville, FL 32256
Bruce H. Wyatt	11 Bittersweet Lane	Wilbraham, MA 01095