

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 11/23/1982	
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 owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL W BURGESS	
STREET ADDRESS	8787 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WYATT, BRUCE H.	
STREET ADDRESS	11 BITTERSWEET LANE	
CITY-ST-ZIP	WILBRAHAM MA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	MASCARO, CARMEN J.	
STREET ADDRESS	23 HARVEST HILL ROAD	
CITY-ST-ZIP	WEST SIMSBURY CT	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MARK I COHEN	
STREET ADDRESS	12 MONTGOMERY ROAD	
CITY-ST-ZIP	SOUTH HAMPTON MA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, CAROLYN S.	
STREET ADDRESS	115 WAYNE STREET	
CITY-ST-ZIP	SPRINGFIELD MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James D. Liggett	
1.3 STREET ADDRESS	1371 Lakewood Drive	
1.4 CITY-ST-ZIP	Lake Forest, IL 60051	
2.1 TITLE	V / T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Del Ciello	
2.3 STREET ADDRESS	1536 Tulane Drive	
2.4 CITY-ST-ZIP	Naperville, IL 60565	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard W. Tinberg	
3.3 STREET ADDRESS	159 Sheridan Road	
3.4 CITY-ST-ZIP	Winnetka, IL 60093	
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 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.
 James D. Liggett

CR2E034 (10/97)