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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L07614
1. Corporation Name
C. P. AND G. DEVELOPMENT CORP.

(5)

## FILED Apr 07 1997 8:00am Secretary of State



- Principal Place	e of Business	Malling Address					
	NY HARBOR DR. #88 SLANDS FL 33154		160 West Bay Harbor Dr. #68 Ny Harbor Islands fl 33154-1290				
					3. Date Incorporated or Qualified 08/07/1989	3a. Date o 04/12/1	f Last Report <b>1996</b>
2. Principa Pl	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21]		26			65-0156111		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & State	```	City & State			6. Election Campaign Financing		\$5.00 May Be
23	,	28			Trust Fund Contribution		Added to Fees
Z(p	Country	Zip	Country		8. This corporation has liability for in	ntangible tax	under s 199.032,
24	25	29	30			Yes N	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	Istered Age	nt
	ner, carole		81	Name			
10180 WEST BAY HARBOR DR.				82 Street Address (P.O. Box Number is Not Acceptable)			
BAY	HARBOR ISLANDS FL 33154		83				
			64	City		e	5 Zip Code
			67	City		FL  °	20000
SIGNATURE	Signature: typed or printed harve of registered	agent and title if applicable IN	OTE: Registered Age	ent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DI	RECTORS IN 12
THE	D	DELETE	1.1 TITLE	T	7,007,070,707,71,000		Change Addition
NAME	POSNER, CAROLE		1.2 NAME				
STREET ADDRESS	10180 WEST BAY HARBOR	DR.	1.3 STREET	ADDRESS			
City-St-Z-P	BAY HARBOR FL 33154		1.4 DiTY-5	ST-ZIP			
TITLE	D	DELETE	21 THILE				Change Addition
NAME	Gasparri, Angelo		22 NAME				
STREET ADDRESS	5855 N.W. 42 WAY		2.3 STREET	ADDRESS			
CITY S1-ZIP	BOCA RATON FL 33496		2.4 CITY-	ST-ZIP			A
TITLE		DELETE	3.1 TITLE	1			Change
NAMI			3.2 NAME		•		
STREET ADDRESS			3.3 STREET				
City - S1 - 7if		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			Change Addition
THLE		L. J DECERE	4.1 TITLE 4. 2 NAME			<u></u>	g- Lud / walled
NAME				ADDRESS			
STREET ADDRESS			4.4 CITY-5	i			
0:1Y - S1 - 7:P		DELETE	5.1 TITLE	31-24			Change
NAMÉ			5.2 NAME				
STREET ADORESS			1	ADDRESS	·	•	
CHY-SI-ZIP			5.4 CITY-				
TILL		DELETE	6.1 TITLE				Change Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREE	T ADDRESS			
CITY OF THE	1		64 CITY -	ST. 7IP			

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 Brock 12 or Block 13 if changed on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97

305-861-3001