


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

FILED
Mar 16 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 # L79503 (3) 1. Corporation Name CBG OF NAPLES, INC.					
Principal Place of Business 2073 J & C BLVD NAPLES FL 34109 US			Mailing Address 2073 J & C BLVD NAPLES FL 34109 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0216880	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BRUGGER, JOHN N 600 FIFTH AVE SO SUITE 207 SUITE 210 NAPLES FL 33940				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 _____ DATE _____ <small>Signature typed in printed letters of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	KALB, MARCIA R				
STREET ADDRESS	600 FIFTH AVE SOUTH #207				
CITY-ST-ZIP	NAPLES FL				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	WALLACE, STUART M				
STREET ADDRESS	2073 J & C BLVD				
CITY-ST-ZIP	NAPLES FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	BRUGGER, JOHN N				
STREET ADDRESS	600 FIFTH AVE SO 207				
CITY-ST-ZIP	NAPLES FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	SLAVICH, WILLIAM L				
STREET ADDRESS	2073 J & C BLVD				
CITY-ST-ZIP	NAPLES FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 06/12/1990	
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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

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.

SIGNATURE: *Stuart M. Wallace* *Stuart M. Wallace* *3/9/98* *941-514-0335*

CP2E034 (10/97)