


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

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90031 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M79539**

1. Corporation Name  
**C. B. G., INC.**



Principal Place of Business <b>37448 ORANGE ROW LN DADE CITY FL 33525 US</b>	Mailing Address <b>37448 ORANGE ROW LN DADE CITY FL 33525 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 14242 Willow Run</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Dade City FL</b> Zip Country <b>24 FL 33523 25 PASCO</b>		2a. Mailing Address <b>26 14242 Willow Run</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Dade City FL</b> Zip Country <b>29 33523 30 PASCO</b>		3. Date Incorporated or Qualified <b>05/05/1988</b>
		4. FEI Number <b>59-2905206</b>	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>GUANIO, LINO P. 37448 ORANGE ROW LANE DADE CITY FL 33525</b>		10. Name and Address of New Registered Agent <b>81 Name GUANIO, LINO P.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 14242 Willow Run</b> <b>83</b> <b>84 City Dade City FL 85 Zip Code 33523</b>	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUANIO, LINO P.</b>	1.2 NAME	<b>14242 Willow Run</b>
STREET ADDRESS	<b>37448 ORANGE ROW LN</b>	1.3 STREET ADDRESS	<b>Dade City FL 33523</b>
CITY-ST-ZIP	<b>DADE CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALA, SAM G.</b>	2.2 NAME	
STREET ADDRESS	<b>503 E. PALM AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHIANG, BEN L.</b>	3.2 NAME	
STREET ADDRESS	<b>2505 POWER LINE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-99

CR2E034 (11/98)