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Mar 05 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14276 (0)

1. Corporation Name
C.E.G.F. (USA), INC.Principal Place of Business
302 N. FRONTAGE RD.
PLANT CITY FL 33565Mailing Address
P. O. BOX 2330-
PLANT CITY FL 33564-3368

3. Date Incorporated or Qualified 05/01/1987	3a. Date of Last Report 01/26/1996
4. FEI Number 04-2832450	Applied For 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 2330 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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9. Name and Address of Current Registered Agent

RUTECKI, PAMELA J
302 NORTH FRONTAGE ROAD
PLANT CITY FL 33565

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	1.1 TITLE	PD
NAME	SAHLMAN, CHARLES W	1.2 NAME	Sahlman, Charles W.
STREET ADDRESS	1601 SAHLMAN DRIVE	1.3 STREET ADDRESS	302 N. Frontage Road
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Plant City, FL 33565
TITLE	VT	2.1 TITLE	VT
NAME	KUROWSKI, PAUL	2.2 NAME	Nicholson, Stephen P.
STREET ADDRESS	1601 SAHLMAN DRIVE	2.3 STREET ADDRESS	302 N. Frontage Road
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Plant City, FL 33565
TITLE	V	3.1 TITLE	
NAME	EASTERLING, JACOB	3.2 NAME	
STREET ADDRESS	302 NORTH FRONTAGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	VASS	4.1 TITLE	
NAME	WIESEN, HERBERT	4.2 NAME	
STREET ADDRESS	1601 SAHLMAN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	SALIBA, JACOB	5.2 NAME	Saliba, Jacob
STREET ADDRESS	1601 SAHLMAN DR	5.3 STREET ADDRESS	302 N. Frontage Road
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Plant City, FL 33565
TITLE	D	6.1 TITLE	D
NAME	MURPHY, WILLIAM H	6.2 NAME	Murphy, William H.
STREET ADDRESS	1601 SAHLMAN DR	6.3 STREET ADDRESS	302 N. Frontage Road
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Plant City, FL 33565

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

Date

Daytime Phone #

CR2E034 (9/96)