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**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044466 (9)
1. Corporation Name
CB FINANCIAL GROUP, INC.



Principal Place of Business: **5411 N STATE RD 7 TAMARAC FL 33321**
Mailing Address: **5411 N STATE RD 7 TAMARAC FL 33319-2021**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 01/24/1996
21	Suite, Apt #, etc	26	Suite, Apt #, etc.	4. FEI Number 65-0417518	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <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			
CABUS, ALBEIRA 5411 N STATE RD 7 TAMARAC FL 33321				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABUS, ALBEIRA	1.2 NAME	CABUS, ALBEIRA
STREET ADDRESS	641 NW 91 ST	1.3 STREET ADDRESS	4211 NW 67 Terr
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABUS, LUCIANA	2.2 NAME	CABUS, LUCIANA
STREET ADDRESS	641 NW 91 ST	2.3 STREET ADDRESS	3877 Coral Tree Cir
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	CABUS, ADEMAR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	4211 NW 67 Terr
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	CABUS, VALDIR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4120 Cocoplum Cir
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 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: *Albeira Cabus* **REQUIRED** Date: 01-29-97 Daytime Phone #: (954) 777-4910

CR2E034 (9/96)