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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23 Zip

24

CITY-ST-ZIP

9705 US HWY 96 WEST

DESTIN FL 32541

STE. 200

P94000029024 (4)

Mailing Address

DESTIN FL 32541

2a. Mailing Address

City & State

Zφ

29

Suite, Apt. #, etc.

STE. 200

9705 US HWY 98 WEST

C B CAPITAL, INC.

FILED							
May 11 1998 8:00a	am						
Secretary of State	•						

		8001 99 01 8 40	818 18111 88118 11817 8181 1831	
	DO NOT WRIT	E IN THIS	SPACE	
3.	Date Incorporated or Qualified 04/15/1994			
4.	FEI Number		Applied For	
	58-2112699		Not Applicable	
5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	

- I TORNOOR HIE TOKKI OTAH ORAH ERAH DAH BAHA BAHA HEND HERE TOKKY COHER HEND ORAH ARAN

9. Name and Address of Current Registered Agent FORBES, JAMIE III 9705 US HWY 98 WEST STE. 200 **DESTIN FL 32541**

25

Country

	Personal Property Tax due June 30. Yes No	
	10. Name and Address of New Registered Agent	
81	Name	
82	Street Address (P.O. Box Number is Not A Qeptable)	_
B3	SUITE 400	
84	City ST(1) FI 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

Country

30

egent. La	a gister ed agent, or both, in the State of Florida. In f a miliar with, and accept the obligations of, Si	Such change was a ection 607.0505, Flo	uthorized by the corp rida Statutes.	poration's board of directors. I hereby accept the ap	pointment as r	registered
SIGNATURE	Signature, typed or printed harve of registered agent and little diag	olicabie (NOIE	Registered Agent signature	prequired when reinstating) DATE		
12.	OFFICERS AND DIRECTO		I 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 12
TITLE	P	DELETE	1.1 TITLE		Change	Addition
NAME	FORBES, JAMES III		1.2 NAME		_	
STREET ADDRESS	9705 US HWY 98 WEST, STE. 200		1.3 STREET ADDRESS	35008 EMERILD CONST.	Kwej.	
CITY-ST-ZIP	DESTIN FL		1.4 CITY- ST- ZIP	SUITE 400	•	
TITLE	\$1	DELETE	2.1 TITLE		Change	Addition
NAME	THOMPSON, DENNIS C		22 NAME	35008 FMERALD COAST	PRWU	,
STREET ADDRESS	9705 US HWY 98 WEST, STE. 200		23 STREET ADDRESS	35008 GMEANLD CONST SUITE 400	, , , ,	
CITY-ST-ZIP	DESTIN FL		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 S1REET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE	.	DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-St-ZiP	•		
TITLE		DELET E	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 enue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this appropriate the corporation of the corporation or the receiver or trustee empowered to execute this appropriate the corporation of the corporation or the receiver or trustee empowered to execute this appropriate the corporation of the corporation or on an attachment with an address.

6.4 CITY - ST- ZIP