FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED
95 MAR -1 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044005 (4)

1. Corporate Name
CABAG CORPORATION

Principal Place of Business
1500 COLONIAL BLVD
SUITE 103
FT MYERS FL 33907

Mailing Address
1500 COLONIAL BLVD
SUITE 103
FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1994	3a. Date of Last Report:
4. FEI Number: 65-0535229	☐ Applied For ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1661 ESTERO BOULEVARD	26 6051 ESTERO BOULEVARD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FORT MYERS BEACH, FL	City & State 28 FORT MYERS BEACH, FL
Zip 24 33931 / Country 25 USA	Zip 29 33931 / Country 30 USA

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P JR.
1500 COLONIAL BLVD
SUITE 103
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: PATRICK J. BOLES
82 Street Address (P.O. Box Number is Not Acceptable): 6051 ESTERO BOULEVARD
83
84 City: FORT MYERS BEACH FL 85 Zip Code 33931

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, s. 607.0505, Florida Statutes.

SIGNATURE: Patrick J Boles   2/22/95
NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GEISSLER, CHRISTIAN	1.2 NAME	
STREET ADDRESS	MEIERHALTWEG 17	1.3 STREET ADDRESS	
CITY-ST-ZIP	D77886 LAUF, GERMANY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GEISSLER, BRIGITTE	2.2 NAME	
STREET ADDRESS	MEIERHALTWEG 17	2.3 STREET ADDRESS	
CITY-ST-ZIP	D77886 LAUF, GERMANY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	GEISSLER, ARNE	3.2 NAME	GEISSLER, ARNE
STREET ADDRESS	LUXEMBURGER STR. 2	3.3 STREET ADDRESS	FELDBERG STR. 7
CITY-ST-ZIP	BOEBLINGEN, GERMANY D710334	3.4 CITY-ST-ZIP	D 73760 OSTFILDERN, GERMANY
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	GEISSLER, ANDREAS	4.2 NAME	GEISSLER, ANDREAS
STREET ADDRESS	GARMISCHER ALLEE 40	4.3 STREET ADDRESS	GARMISCHER ALLEE 40
CITY-ST-ZIP	KISSING, GERMANY D86438	4.4 CITY-ST-ZIP	D 86438 KISSING, GERMANY
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE: C. Geissler   01-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0321378 CP