

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 19 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044433 (8)

1. Corporation Name
CB EQUITES CORP.

Principal Place of Business Mailing Address
877 EXECUTIVE CENTER DR. WEST SUITE 303 ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/14/1994** 3a. Date of Last Report
4. FEI Number **59-3255745** 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**
7. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**MASCARA, ERNEST L
877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 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]* DATE **7/12/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**
NAME **CHIGOS, JOHN D**
STREET ADDRESS **20505 U.S. HIGHWAY 19 NORTH, #12-345**
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **EVSD**
NAME **HERN, ALEXANDER**
STREET ADDRESS **20505 U.S. HIGHWAY 19 NORTH, #12-345**
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **D**
NAME **SCHWENCKE, KIM M**
STREET ADDRESS **20505 U.S. HIGHWAY 19 NORTH, #12-345**
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **D**
NAME **TRIGG, ROBERT C**
STREET ADDRESS **20505 U.S. HIGHWAY 19 NORTH, #12-345**
CITY-ST-ZIP **CLEARWATER FL 34624**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **901 Hammock Pines Boulevard**
1.4 CITY-ST-ZIP **Clearwater, Florida 34621**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **1102 Bayshore Boulevard**
2.4 CITY-ST-ZIP **Safety Harbor, FL 34695**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **1603 North Riverhills Drive**
3.4 CITY-ST-ZIP **Temple Terrace, Florida 33617**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **2104 Magdalene Manor Drive**
4.4 CITY-ST-ZIP **Tampa, Florida 34621**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(4), 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 if not participating with said officer.

SIGNATURE: *[Signature]* DATE **7/12/95**

CR2034 (3/95)