

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050031 (0)

1. Corporation Name

CBG BIOTECH INC.



Principal Place of Business

Mailing Address

PO BOX 39026
SOLON OH 44139

PO BOX 39026
SOLON OH 44139

2. Principal Place of Business

2a. Mailing Address

21 6371 PELICAN BAY BLVD.

26 AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 5

27

City & State

City & State

23 NAPLES, FL

28

Zip

Country

Zip

Country

24 33963

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, DENNIS C ESQ.
SCHOENECK AND KING, P.A.
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 33940

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAMIENER, GERALD W
STREET ADDRESS 6371 PELICAN BAY BLVD., SUITE 5
CITY-ST-ZIP NAPLES FL 33963

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE DIRECTOR, CHAIRMAN, SECRETARY
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP SUITE 5

2 1 TITLE PRESIDENT
22 NAME ALAN M CAMIENER
23 STREET ADDRESS 6371 PELICAN BAY BLVD, SUITE 5
24 CITY-ST-ZIP NAPLES, FL 33963

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald W Camiener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96

Date

941-514-1148

Daytime Phone #

CR2E034 (12/95)