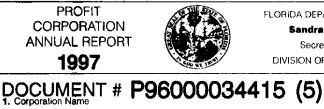
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

CGW II, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State .

DIVISION OF CORPORATIONS

FILED Jun 04 1997 8:00am Secretary of State



Principal Plac		Mailing Address						
2640 GOLDEN GATE PARKWAY Suite 304 Naples Fl 33942		2840 GOLDEN GATE PARKWAY SUITE 304 NAPLES FL 34105-3203						
					 Date Incorporated or Q 04/19/1996 	ualified 3a. I	Date of Last F	Report
	Place of Business	2a. Mailing Address			4, FEI Number	62 /	} —→—	opplied For
21		26			65-0662	131		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	sired 🔀		Additional Required
City & State	io.	City & State		 	6 Flaction Compaign Fine			
23		28	 1		6. Election Campaign Fina Trust Fund Contribution		•	May Be ito Fees
Zip	Country	Zιρ	Countr	у	8. This corporation has lia			
24 34/	25	29 30	0		Florida Statutes	☐ Yes	□ No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of	New Registere	d Agent	
	FE, LEON J	<u> </u>	81	Name C	powecher, Roy 6	w. Th		
35TH FLOOR, INTERNATIONAL PLACE				2 Street Add	dress (P.O. Box Number is Not	Acceptable)		
	S.E. SECOND ST.		95		Golden GATE PA	exercy J	NITE	304
MIAN	VII FL 33131-2130		83	'		•		
		-	84	City			85 Zip	Code
44 Dyrougost	to the provisions of Station 607 060	20 2007 1000 Elevido Ctatuton	the above		rocation submite this statement	for the purpose		1/05
office or r	to the provisions of Sections 607.050 registered agent, or both in the State am familiar with, and accept the obliga	of Florida. Such change was aut	, the abov thorized b	/e-named cor by the corpora	poration submits this statement ation's board of directors. There	by accept the ap	or changing i opointment as	s registered
	im familiar with, and accept the obliga	ations of, Section 607.0505, Floric	oa Statute	łS.		11.		
SIGNATURE	Signature, lyped or printed numeror registered age	a) and title if applicable (NOTE: F	Pro-stered Ac	nest signature regu	uired when reinstaling)	7/254 DAI	17	
12.		D DIRECTORS	13.	professional .	ADDITIONS/CHANGES 1	TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE				Change	Addition
NAME	CRONACHER, ROY	ļ	1.2 NAME					
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	Y SUITE 304	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL 33942		1.4 CRY-	ST- ZIP			<u></u>	
TITLE		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS		!	2.3 STREE	TADDRESS				
CITY-ST-ZIP	<u></u>	DIDELETE	2 4 CITY-ST-ZIP				Change	Addition
TITLE	L_] DELETE		3 1 TITLE				Change	Addition
NAME			3.2 NAME	ļ				
STREET ADDRESS		!		T ADDRESS		-		
CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE	-S1-7IP			Change	Addition
NAME			4.2 NAME				L.J V	L., 1.00
STREET ADDRESS		ļ		1 ADDRESS				
CITY-ST-ZIP		!	4.4 CITY-					
TITLE			5.1 TITLE	01.50			Change	Addition
NAME		!	5.2 NAME					
STREET ADDRESS		!	5.3 STREF	T ADDRESS				
CITY-ST-ZIP			5.4 CHY-	ST-ZIP				
TITLE		☐ DELETE	61 TITLE				Change	Addition
NAME		!	6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY -					
14. I do herei	by certify that the information supplied on indicated on this annual report or s	d with this filing does not qualify f	for the exe	emption state	ed in Section 119.07(3)(i), Florida at my signature shall have the sa	a Statutes. I furth ame legal effect	ner certify that	t the nder path: that
i lamano	officer or director of the corportition or in Block 12 or Block 13 if changed, or	r the feceiver or trustee empowers	ad to exe	cute this repo	ort as required by Chapter 607,	Florida Statutes;	and that my	name