

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

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000075325 (6)

1. Corporation Name

CGV, INC.

Principal Place of Business

C/O EDWARD P. PHILLIPS, P.A.  
1881 UNIVERSITY DRIVE #208  
CORAL SPRINGS FL 33071

Mailing Address

C/O EDWARD P. PHILLIPS, P.A.  
1881 UNIVERSITY DRIVE #208  
CORAL SPRINGS FL 33071-8825

3. Date Incorporated or Qualified  
09/09/1996

3a. Date of Last Report  
N/A

4. FEI Number

☒ 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 ☐ Yes ☒ No

2. Principal Place of Business

21 Christiana Villard

22 Suite, Apt. #, etc.  
663 NW 107th Lane

23 City & State  
Coral Springs, FL

24 Zip  
33071

25 Country  
USA

2a. Mailing Address

26 Christiana Villard

27 Suite, Apt. #, etc.  
663 NW 107th Lane

28 City & State  
Coral Springs, FL

29 Zip  
33071

30 Country  
USA

9. Name and Address of Current Registered Agent

VILLARD, CHRISTINA I  
C/O EDWARD P. PHILLIPS, P.A.  
1881 UNIVERSITY DRIVE #208  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

Christiana Villard

82 Street Address (P.O. Box Number is Not Acceptable)

663 NW 107th Lane

83

84 City

Coral Springs

85 FL

Zip Code  
33071

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

Christiana Villard

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME VILLARD, CHRISTINA I  
STREET ADDRESS C/O 1881 UNIVERSITY DRIVE #208  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Christiana Villard  
1.3 STREET ADDRESS 663 NW 107th Lane  
1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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 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:

Christiana Villard

4-28-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0155982

CR2E034 (9/96)