

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90195 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098921

1. Corporation Name
CGL CAPITAL MANAGEMENT, INC.

Principal Place of Business
2500 E. HALLANDALE BEACH BLVD.
#707
HALLANDALE FL 33009

Mailing Address
2500 E. HALLANDALE BEACH BLVD.
#707
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3306 OAK DRIVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 3306 OAK DRIVE Suite, Apt. #, etc. 27
City & State 23 Hollywood, FL. Zip Country 24 33021 25 U.S.	City & State 28 Hollywood, FL. Zip Country 29 33021 30 U.S.

3. Date Incorporated or Qualified 01/01/1997	4. FEI Number 65-0718026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

LINDA, GARY A
2500 E. HALLANDALE BEACH BLVD.
SUITE 707
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name CALVIN E. LINDA
82 Street Address (P.O. Box Number is Not Acceptable) 3306 OAK DRIVE
83
84 City Hollywood FL 85 Zip Code 33021

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 **CALVIN E. LINDA, PRESIDENT** **4-23-99**
Signature, typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA, CALVIN E	1.2 NAME	LINDA, CALVIN E.
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD #707	1.3 STREET ADDRESS	3306 OAK DRIVE
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021
TITLE	SV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA, GARY A	2.2 NAME	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD #707	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **CALVIN E. LINDA** **4/23/99** **954-961-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)