

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

FILED

**May 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000002017 (6)
1. Corporation Name
CGR MARKETING, INC.



Principal Place of Business Mailing Address

% STEPHEN G. WILLIAMS
2650 NE 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

% STEPHEN G. WILLIAMS
2650 NE 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 1140 S.W. 14TH ST. 26 1140 S.W. 14TH ST

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Boca Raton FL 28 Boca Raton FL

Zip Country Zip Country

24 33486 25 33486 30

3. Date Incorporated or Qualified
01/02/1997

4. FEI Number Applied For
65-0722304 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G
2650 NE 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

10. Name and Address of New Registered Agent

81 Name **Relick, Christine G.**

82 Street Address (P.O. Box Number is Not Acceptable)
1140 S.W. 14TH ST

83

84 City **Boca Raton** FL 85 Zip Code **33486**

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 *Christine G. Relick* DATE **5-11-98**

Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	RELICK, CHRISTINE G	
STREET ADDRESS	1140 SW 14TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RELICK CHRISTINE G.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

Christine G. Relick **4-15-98** **Slid-**

CR2E034 (10/97)