Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90007 017 ***550.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011959

1. Corporation Name

C & G PROPERTIES INTERNATIONAL, INC.

Principal Place of Business Mailing Address						- I (BBUCOB) SID (BUSE 1005) ODIN DOIN ODIN UDDA FIDID IDIO DISID DUC FORF				
112 S WOODLYNNE AVE										
IAMIA IL 3000		17m171 12 00013210					DO NOT WRIT	E IN THIS SPACE	·	
1							3. Date Incorporated or Qualifed			
							02/05/1997			
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		App	lied For
21		26			_		<u>59-3428240</u>		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	S				5. Certificate of Status Desired	11		dditional
22		27					5. Certificate of Status Desired	F6	e Req	uired
City & Stat	e	City & State					6. Election Campaign Financing	□ \$5	.0 <mark>0</mark> n	May Be
23		28					Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zíp		ountry	,		This corporation owes the current	nt year Intangible		_
24	25	29	30				Personal Property Tax.	Yes	[□No
	9. Name and Address of Curren	t Registered Agent		4_			10. Name and Address of New R	egistered Agent		
011.5	EDT LEGNADO II			81	Name	3				
GILBERT, LEONARD H					Street	t Addres	ss (P.O. Box Number is Not Accepta	ble)		
ONE HARBOR PLACE 5TH FLOOR				82 Street Addre						i
TAM	PA FL 33602			83				_		
				84	City			85	Zip C	nde -
				04	City			FL °°	Zip Ci	JUE
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligat	tions of, Section 607.050	was authorize 5, Florida Sta	tutes				DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		(NOTE: Register		K SIGNATURE	required v	ADDITIONS/CHANGES TO OFF		CTOF	2S IN 12
TITLE	D OFFICERS AN	DELE		TITLE		T-	ADDITIONO/CITATOES TO OTT	Cha		Addition
1			12 NAME							
NAME	112 S WOODLYNNE AVE		_		T ADDRESS					
STREET ADDRESS						,				
CITY-ST-ZIP			1.4 CITY-ST-ZIP		┼		☐ Cha	inge .	Addition	
TITLE	D CHECKET IONATIVAN O ID	C vere							ingc	
NAME	GILBERT, JONATHAN S JR			NAME						
STREET ADDRESS	P. O. BOX 2231				TADDRESS	3				
CITY-ST-ZIP	TAMPA FL 33601	☐ DELE		CITY-S	ST-ZIP	┼		☐ Cha		Addition
TITLE			1	TITLE		}			iiige	Addition
NAME				32 NAME						
STREET ADDRESS				3.3 STREET		3				i
CITY-ST-ZIP			3.4. CITY-ST-ZIP		 				- Addition	
TITLE		☐ DELE		TITLE				☐ Cha	inge	☐ Addition
NAME			4. 2	NAME						
STREET ADDRESS			4.3	STREET	T ADDRESS	8				ı
CITY-ST-ZIP				CITY-S	T-ZIP					— 1200
TITLE		☐ DELE		TITLE		1		☐ Cha	inge	
NAME			5.2	NAME		1				!

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 an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition