

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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90125 030 ***150.00

0069526

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000045171

1. Corporation Name
CGR MANAGEMENT CORPORATION

Principal Place of Business
**5500 VILLAGE BLVD.
 W PALM BEACH FL 33407**

Mailing Address
**P.O. BOX 11448
 W PALM BEACH FL 33419**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/21/1997

4. FEI Number
65-0757864

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SEELBINDER, G.A.	
STREET ADDRESS	5500 VILLAGE BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COCKBURN, GLENN W	
STREET ADDRESS	5500 VILLAGE BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRITCHARD, PHILIP L	
STREET ADDRESS	5500 VILLAGE BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	EPPERSON, MARGARET S	
STREET ADDRESS	5500 VILLAGE BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOLLAT, DAVID L	
STREET ADDRESS	5500 VILLAGE BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBSON, DAVID L	
STREET ADDRESS	5500 VILLAGE BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33407	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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, with all other like empowered.

SIGNATURE: _____

NO SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 (561) 615-6000
 Date Daytime Phone #

CR2E034 (11/98)