

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S08574** (3)

1. Corporation Name  
**CGN ENTERPRISES, INC.**

Principal Place of Business: **C/O ULTIMA LOOK ULTIMA LOOK 3200 N. FEDERAL HWY FT LAUDERDALE FL 33306**  
Mailing Address: **C/O ULTIMA LOOK ULTIMA LOOK 3200 N. FEDERAL HWY FT LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/23/1990</b>	3a. Date of Last Report <b>08/15/1994</b>
4. FEI Number <b>65-0224206</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>WILKES, JOHN P. 150 N FEDERAL HWY SUITE 200 FT LAUDERDALE FL 33301</b>	10. Name and Address of Now Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORTON, JANE ANN</b>	2. NAME	
STREET ADDRESS	<b>3200 N FEDERAL HWY #403</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>FT LAUDERDALE FL 33306</b>	4. CITY, ST, ZIP	
TITLE	<b>V</b>	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORTON, DENNIS P</b>	8. NAME	
STREET ADDRESS	<b>810 SE 2 AVE</b>	9. STREET ADDRESS	
CITY, ST, ZIP	<b>POMPANO BCH FL SAME AS ABOVE</b>	10. CITY, ST, ZIP	
TITLE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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: *[Signature]*  
MONATLY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**4/28/95 30855147579**