

**CORPORATION  
ANNUAL REPORT  
1985**

FLORIDA DEPARTMENT OF REVENUE  
Sharon G. Williams  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 2:00

**DOCUMENT # S17091 (7)**

1. Corporation Name  
**C. G. B. M. T. ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**245 AVALANCHE DRIVE  
ROCHESTER HILLS MI 48309**      **245 AVALANCHE DRIVE  
ROCHESTER HILLS MI 48309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/14/1990**      **03/25/1994**

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

4. FEI Number      Applied For  
**65-0221932**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing            **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**GARAVAGLIA, CHARLES  
4550 18TH AVENUE N.W.  
APT. 207  
POMPANO BEACH FL 33064**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>GARAVAGLIA, CHARLES</b>
STREET ADDRESS	<b>245 AVALANCHE DR. ROCHESTER HILLS MI</b>
CITY - ST - ZIP	
TITLE	<b>V</b>
NAME	<b>GARAVAGLIA, MARY ANN</b>
STREET ADDRESS	<b>245 AVALANCHE DR. ROCHESTER HILLS MI</b>
CITY - ST - ZIP	
TITLE	<b>V</b>
NAME	<b>GARAVAGLIA, CHARLES L</b>
STREET ADDRESS	<b>4550 18TH AVE NW #2-207 POMPANO BEACH FL</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (10.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

**SIGNATURE:** *Charles Garavaglia*      *President*      **1-910-275-0017**  
NOT FOR PUBLIC USE - PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Type Name)