

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S17091 (7)**

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



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

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

3. Date Incorporated or Qualified: **11/14/1990**
3a. Date of Last Report: **04/05/1995**
4. FEI Number: **65-0221932**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be 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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(2), 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 607.05(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
15 TITLE	[] Change [] Addition
16 NAME	
17 STREET ADDRESS	
18 CITY - ST - ZIP	
19 TITLE	[] Change [] Addition
20 NAME	
21 STREET ADDRESS	
22 CITY - ST - ZIP	
23 TITLE	[] Change [] Addition
24 NAME	
25 STREET ADDRESS	
26 CITY - ST - ZIP	
27 TITLE	[] Change [] Addition
28 NAME	
29 STREET ADDRESS	
30 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 in an attachment with an address.

SIGNATURE: *Charles Garavaglia* **3-27-96 1-810-377-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)