

**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**

3. Date Incorporated or Qualified <b>11/14/1990</b>	3a. Date of Last Report <b>04/05/1995</b>
4. FEI Number <b>65-0221932</b>	Applied For 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 type="checkbox"/> Yes <input checked="" 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. [ ] Country
24. [ ] Country	29. [ ] Zip
25. [ ]	30. [ ]

9. Name and Address of Current Registered Agent  
**GARAVAGLIA, CHARLES  
4550 18TH AVENUE N.W.  
APT. 207  
POMPANO BEACH FL 33064**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. [ ]	84. City	85. Zip Code
				<b>FL</b>

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAVAGLIA, CHARLES</b>	12 NAME	
STREET ADDRESS	<b>245 AVALANCHE DR.</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>ROCHESTER HILLS MI</b>	14 CITY- ST- ZIP	
TITLE	<b>V</b>	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAVAGLIA, MARY ANN</b>	22 NAME	
STREET ADDRESS	<b>245 AVALANCHE DR.</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>ROCHESTER HILLS MI</b>	24 CITY- ST- ZIP	
TITLE	<b>V</b>	25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAVAGLIA, CHARLES L</b>	32 NAME	
STREET ADDRESS	<b>4550 18TH AVE NW #2-207</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>POMPANO BEACH FL</b>	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		45 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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* **Charles GARAVAGLIA** -3-27-96 1-810-377-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)