

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

**FILED**  
**Jun 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S17091** (7)

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

Principal Place of Business <b>245 AVALANCHE DRIVE                  ROCHESTER HILLS MI 48309</b>	Mailing Address <b>245 AVALANCHE DRIVE                  ROCHESTER HILLS MI 48309-1351</b>
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3. Date Incorporated or Qualified <b>11/14/1990</b>		3a. Date of Last Report <b>04/03/1996</b>	
4. FEI Number <b>65-0221932</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

21. Principal Place of Business			2a. Mailing Address				
22. Suite, Apt. #, etc.			26. Suite, Apt. #, etc.				
23. City & State			27. City & State				
24. Zip			28. Zip				
25. Country			29. Country				
<b>9. Name and Address of Current Registered Agent</b>			<b>10. Name and Address of New Registered Agent</b>				
<b>GARAVAGLIA, CHARLES                  4550 18TH AVENUE N.W.                  APT. 207                  POMPANO BEACH FL 33064</b>			81. Name				
			82. Street Address (P.O. Box Number is Not Acceptable)				
			83. City				
			84. City			85. Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAVAGLIA, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>245 AVALANCHE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER HILLS MI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAVAGLIA, MARY ANN</b>	2.2 NAME	
STREET ADDRESS	<b>245 AVALANCHE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER HILLS MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAVAGLIA, CHARLES L</b>	3.2 NAME	
STREET ADDRESS	<b>4550 18TH AVE NW #2-207</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 as an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **6/16/97**

CF2E034 (9/96)