

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90083 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S17091

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1990

4. FEI Number
65-0221932

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **GARAVAGLIA, CHARLES**

STREET ADDRESS **245 AVALANCHE DR.**

CITY-ST-ZIP **ROCHESTER HILLS MI**

TITLE DELETE

NAME **GARAVAGLIA, MARY ANN**

STREET ADDRESS **245 AVALANCHE DR.**

CITY-ST-ZIP **ROCHESTER HILLS MI**

TITLE DELETE

NAME **GARAVAGLIA, CHARLES L**

STREET ADDRESS **4550 18TH AVE NW #2-207**

CITY-ST-ZIP **POMPANO BEACH FL**

TITLE DELETE

NAME **GARAVAGLIA, CHARLES J.**

STREET ADDRESS **245 AVALANCHE DR**

CITY-ST-ZIP **ROCHESTER HILLS MI 48309**

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

1.1 TITLE Change Addition

1.2 NAME **MARY ANN GARAVAGLIA**

1.3 STREET ADDRESS **245 AVALANCHE DRIVE**

1.4 CITY-ST-ZIP **ROCHESTER HILLS MI 48309**

2.1 TITLE Change Addition

2.2 NAME **GARAVAGLIA MARY ANN**

2.3 STREET ADDRESS **245 AVALANCHE DRIVE**

2.4 CITY-ST-ZIP **ROCHESTER HILLS MI 48309**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **GARAVAGLIA, CHARLES J.**

4.3 STREET ADDRESS **245 AVALANCHE DR**

4.4 CITY-ST-ZIP **ROCHESTER HILLS MI 48309**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Ann Garavaglia* SIGNATURE **MARY ANN GARAVAGLIA** 3/2/99 248-375-1963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)