

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

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

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	GARAVAGLIA, CHARLES	
STREET ADDRESS	245 AVALANCHE DR.	
CITY-ST-ZIP	ROCHESTER HILLS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARAVAGLIA, MARY ANN	
STREET ADDRESS	245 AVALANCHE DR.	
CITY-ST-ZIP	ROCHESTER HILLS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARAVAGLIA, CHARLES L	
STREET ADDRESS	4550 18TH AVE NW #2-207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARAVAGLIA, CHARLES J.	
STREET ADDRESS	245 AVALANCHE DR	
CITY-ST-ZIP	ROCHESTER HILLS MI 48309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	P - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<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 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)