

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V47992** (5)  
1. Corporation Name  
**CG SALES ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**3435 N.W. 55TH ST. FORT LAUDERDALE FL 33309**

2. Principal Place of Business 2a. Mailing Address  
21. State Apt # etc 26. State Apt # etc  
22. City & State 27. City & State  
23. City & State 28. City & State  
24. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**GELFOND, CHARLES  
3435 N.W. 55TH ST.  
FT. LAUDERDALE FL 33309**

APPROVED AND FILED  
95 JUL 20 PM 2:01  
TALLAHASSEE, FLORIDA  
600001545906  
-07/25/95--01109--021  
DO NOT WRITE IN THESE SPACES \$225.00

3. Date Incorporated or Qualified **06/29/1992** 3a. Date of Last Report **06/28/1994**  
4. FEI Number **65-0345357** Applied For  Not Applicable   
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under 5-1901 U.S. Florida Statutes  Yes  No

10. Name and Address of Now Registered Agent  
81. Name **MICHAEL SABATINO**  
82. Street Address (P.O. Box Number is Not Acceptable) **3860 CORAL TREE CIRCLE APT 307**  
83.   
84. City **COCONUT CREEK** FL 85. Zip Code **33073**

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, Florida Statutes, the above named corporation submits the 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 607.0604, Florida Statutes.  
SIGNATURE *Michael Sabatino* 6/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV SABATINO, MICHAEL 3860 CORAL TREE CIR., STE. 307 COCONUT CREEK FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	P GELFOND, BARBARA 6260 FALLS CIR. DR., STE. 108 LAUDERHILL FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		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		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		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.1705(b)(3), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if a change of name or address with an address.  
SIGNATURE: *Barbara Gelfond - Barbara Gelfond* 6/19/95 305-927-0880  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR