

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/14/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0221932	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New 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	FL	85

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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARAVAGLIA, CHARLES			1.2 NAME	MARYANN GARAVAGLIA		
STREET ADDRESS	245 AVALANCHE DR.			1.3 STREET ADDRESS	245 AVALANCHE DRIVE		
CITY-ST-ZIP	ROCHESTER HILLS MI			1.4 CITY-ST-ZIP	ROCHESTER HILLS MI 48309		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	P - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARAVAGLIA, MARY ANN			2.2 NAME	GARAVAGLIA MARYANN		
STREET ADDRESS	245 AVALANCHE DR.			2.3 STREET ADDRESS	245 AVALANCHE DRIVE		
CITY-ST-ZIP	ROCHESTER HILLS MI			2.4 CITY-ST-ZIP	ROCHESTER HILLS MI 48309		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARAVAGLIA, CHARLES L			3.2 NAME			
STREET ADDRESS	4550 18TH AVE NW #2-207			3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARAVAGLIA, CHARLES J.			4.2 NAME	GARAVAGLIA, CHARLES J.		
STREET ADDRESS	245 AVALANCHE DR			4.3 STREET ADDRESS	245 AVALANCHE DR		
CITY-ST-ZIP	ROCHESTER HILLS MI 48309			4.4 CITY-ST-ZIP	ROCHESTER HILLS MI 48309		
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 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: *Maryann Garavaglia* SIGNATURE: *MARYANN GARAVAGLIA* 3/2/99 248-375-1963
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)