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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COMPANIES  
ANNUAL REPORT  
1995



Department of Banking and Finance  
100 South Monroe  
Tallahassee, Florida 32304  
Telephone: (904) 488-2000

DOCUMENT # P94000044005 (4)

CABAG CORPORATION

Principal Place of Business: 1500 COLONIAL BLVD SUITE 103 FT MYERS FL 33907  
Mailing Address: 1500 COLONIAL BLVD SUITE 103 FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1994  
3a. Date of Last Report: Applied For Not Applicable  
4. FEI Number: 65-0535229  
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 has liability for intangible tax under S. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 1661 ESTERO BOULEVARD 22 Suite, Apt. #, etc.  
2a. Mailing Address: 26 6051 ESTERO BOULEVARD 27 Suite, Apt. #, etc.  
23. City & State: FORT MYERS BEACH, FL 24 33931 25 USA  
28. City & State: FORT MYERS BEACH, FL 29 33931 30 USA

9. Name and Address of Current Registered Agent: MILLIGAN, JOHN P JR. 1500 COLONIAL BLVD SUITE 103 FT MYERS FL 33907

10. Name and Address of New Registered Agent: 81 Name: PATRICK J. BOLES 82 Street Address (P.O. Box Number is Not Acceptable): 6051 ESTERO BOULEVARD 83 84 City: FORT MYERS BEACH FL 85 Zip Code: 33931

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 duties of, an agent of, an agent of, as provided in Sections 607.05, Florida Statutes.  
SIGNATURE: Patrick J. Boles DATE: 2/22/95

12. OFFICERS AND DIRECTORS  
12.1 NAME: D GEISSLER, CHRISTIAN  
12.2 STREET ADDRESS: MEIERHALTWEG 17  
12.3 CITY-STATE-ZIP: D77886 LAUF, GERMANY  
12.4 NAME: D GEISSLER, BRIGITTE  
12.5 STREET ADDRESS: MEIERHALTWEG 17  
12.6 CITY-STATE-ZIP: D77886 LAUF, GERMANY  
12.7 NAME: D GEISSER, ARNE  
12.8 STREET ADDRESS: LUXEMBURGER STR. 2  
12.9 CITY-STATE-ZIP: BOEBLINGEN, GERMANY D710334  
12.10 NAME: D GEISSLER, ANDREAS  
12.11 STREET ADDRESS: GARMISCHER ALLEE 40  
12.12 CITY-STATE-ZIP: KISSING, GERMANY D86438

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME:  Change  Addition  
1.3 STREET ADDRESS:  Change  Addition  
1.4 CITY-STATE-ZIP:  Change  Addition  
2.1 TITLE:  Change  Addition  
2.2 NAME:  Change  Addition  
2.3 STREET ADDRESS:  Change  Addition  
2.4 CITY-STATE-ZIP:  Change  Addition  
3.1 TITLE:  Change  Addition  
3.2 NAME: D GEISSLER, ARNE  
3.3 STREET ADDRESS: FELDBERG STR. 7  
3.4 CITY-STATE-ZIP: D 73760 OSTFILDERN, GERMANY  
4.1 TITLE:  Change  Addition  
4.2 NAME: D GEISSLER, ANDREAS  
4.3 STREET ADDRESS: GARMISCHER ALLEE 40  
4.4 CITY-STATE-ZIP: D 86438 KISSING, GERMANY  
5.1 TITLE:  Change  Addition  
5.2 NAME:  Change  Addition  
5.3 STREET ADDRESS:  Change  Addition  
5.4 CITY-STATE-ZIP:  Change  Addition  
6.1 TITLE:  Change  Addition  
6.2 NAME:  Change  Addition  
6.3 STREET ADDRESS:  Change  Addition  
6.4 CITY-STATE-ZIP:  Change  Addition

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and that I am not entitled to the exemption stated in Section 1.10.07(3)(b), Florida Statutes. I further certify that the information contained in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on Block 12 of this filing, or on an attachment with an address.

SIGNATURE: [Signature] 01-23-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR