

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000044005 (4)**

1. Corporation Name
CABAG CORPORATION



Principal Place of Business: ~~1061 ESTERO BOULEVARD SUITE 109 FT MYERS BEACH FL 33931 US~~
Mailing Address: **6051 ESTERO BOULEVARD SUITE 109 FT MYERS BEACH FL 33931 US**

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report: **03/01/1995**

21. Principal Place of Business: **14745 ESTERO BOULEVARD**
22. APT. # **1202**
23. **FORT MYERS BEACH, FL**
24. Zip: **33931** Country: **USA**

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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BOLES, PATRICK J
6051 ESTERO BOULEVARD
SUITE 109
FT MYERS BEACH FL 33931**

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)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEISSLER, CHRISTIAN	
STREET ADDRESS	MEIERHALTWEG 17	
CITY - ST - ZIP	D77886 LAUF, GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEISSLER, BRIGITTE	
STREET ADDRESS	MEIERHALTWEG 17	
CITY - ST - ZIP	D77886 LAUF, GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEISSLER, ARNE	
STREET ADDRESS	FELDBERG STR. 7	
CITY - ST - ZIP	D73760 OSTFILDERN GE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEISSLER, ANDREAS	
STREET ADDRESS	GARMISCHER ALLEE 40	
CITY - ST - ZIP	D 86438 KISSING GE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *C. Geissler* **C. GEISSLER, 02-15-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)