

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000044005 (4)**

1. Corporation Name  
**CABAG CORPORATION**



Principal Place of Business <b>4745 ESTERO BLVD APT. 1202 FORT MYERS BEACH FL 33931 US</b>	Mailing Address <b>6051 ESTERO BOULEVARD SUITE 103 FT MYERS BEACH FL 33931-4348 US</b>
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3. Date Incorporated or Qualified <b>06/08/1994</b>	3a. Date of Last Report <b>02/19/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>65-0535229</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOLES, PATRICK J  
6051 ESTERO BOULEVARD  
FT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name <b>JOHN C. DAVIS, C.P.A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6051 ESTERO BOULEVARD</b>
83
84 City <b>FORT MYERS BEACH FL</b> 85 Zip Code <b>33931</b>

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 to 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  **JOHN C. DAVIS, C.P.A.** DATE **2-7-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS <b>WINGERTSTR. 43E</b>	
3.4 CITY - ST - ZIP <b>D63322 ROEDERMARK, GERMANY</b>	
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 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.

SIGNATURE:  DATE **02/11/97** DAYTIME PHONE # **(941) 463-0195**

CR2E034 (9/96)