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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90027 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044005

1. Corporation Name
CABAG CORPORATION

Principal Place of Business
4745 ESTERO BLVD
APT. 1202
FORT MYERS BEACH FL 33931
US

Mailing Address
6051 ESTERO BOULEVARD
SUITE 103
FT MYERS BEACH FL 33931
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/08/1994
4. FEI Number
65-0535229
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
JOHN C. DAVIS, CPA
6051 ESTERO BLVD
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent
81 Name LARRY L. PITTMAN SERVICE, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
6051 ESTERO BLVD
83
84 City FORT MYERS BEACH FL 85 Zip Code 33931

11. Pursuant to the provisions of Sections 607.0692 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 *Larry L. Pittman* LARRY L. PITTMAN DATE 1-7-99
(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	WINGERTSTR. 43E	
CITY-ST-ZIP	D63322 ROEDERMARK 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		
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Christian Geissler* CHRISTIAN GEISSLER 12/10/99 (94)463-0195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)